



**Examinee's personal data**

Surname		Given names		ID-number		
Address		Zip code	City	Occupation		
Identity has been checked <input type="checkbox"/> person known <input type="checkbox"/> Checked from ID <input type="checkbox"/> not confirmed		Examinee's opinion of their current state of health <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> bad		Use of medication often or regularly <input type="checkbox"/> no <input type="checkbox"/> yes, what _____		
Item # Body part examined	Finding		Affects fitness for military service/ in-service safety		Physician's information on the examinee	
	Normal	Anormal	Yes	No		
1. General impression					<input type="checkbox"/> I am not familiar with the examinee's health <input type="checkbox"/> I am familiar with the examinee's health I have monitored the examinee's state of health: 1) personally since _____ 2) from medical records since _____ Item # Explanations (incl. laboratory results, audiometry results), see separate appendix	
2. Body constitution						
3. Muscles						
4. Psychic status						
5. Nervous system						
6. Heart and other circulatory organs						
7. Lungs						
8. Mouth, nose, throat						
9. Teeth						
10. Eardrums						
11. Hearing						
12. Abdomen						
13. Colour vision: test? _____						
14. Skin						
15. Upper limbs						
16. Lower limbs: knees, ankles						
17. Spine						
18. Other finding, what?						
19. Weight kg, Length cm, BMI						
20. Blood pressure / mm Hg						
<b>Other findings affecting fitness for military service</b>	Yes	No	Yes	No		Visual acuity without glasses l/r Visual acuity corrected with glasses l/r Right eye sf D   cyl D   ax ° Left eye sf D   cyl D   ax °
21. Musculoskeletal problem						
22 Medication affecting fitness for military service						
23. Other issues affecting service, what?						
24. Need to limit participation in physical training and sports?						
25. Allergies						
Item #	Type of illness, when started, treatment, hospital or doctor, recurrence of illness and other consequences			Other findings <input type="checkbox"/> Continued in appendix _____ <input type="checkbox"/> yes <input type="checkbox"/> no Appendixes _____ pcs		
<b>Examinee's signature</b>	I certify the information on this form is true					
	Date and place	Signature				

**Statement concerning suitability for military service**

<input type="checkbox"/> Fit for military service	<input type="checkbox"/> Fit with limitations (see explanations above)	<input type="checkbox"/> Unfit (see explanations above)
1. Physician's statement (advance health examination) Based on the FDF Health Examination Guidelines, I consider that the examinee (check one) (A) is fit, (B) is fit with limitations, (C) is permanently unfit, (E) is temporarily unfit and needs _____ months for treatment and recovery to become fit for military service: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E _____ years	ICD Diagnosis Code(s)	2. Physician's statement (call-up health examination) Based on the FDF Health Examination Guidelines, I consider that the examinee (check one) (A) is fit, (B) is fit with limitations, (C) is permanently unfit, (E) is temporarily unfit and needs _____ months for treatment and recovery to become fit for military service: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E _____ years
Remarks (possible other limitations to fitness for military service)		Remarks (possible other limitations to fitness for military service)
Date and signature of the examining physician		Date and signature of the examining physician
Name in block letters, stamp Position, institution		Name in block letters, stamp Position, institution

**Regional Office's/ Call-up Board's decision on fitness classification**

Date	Regional Office/Call-up Board	Classification of fitness
Rank, name and position of deciding authority		