



Medical Examination / ECG
(To be completed by GP or Medical Specialist)

FOR GP OR MEDICAL SPECIALIST USE	Yes	No
MINIMUM PHYSICAL EXAMINATION (Please attached any additional tests/examinations done)		
Normal Blood Pressure? Please indicate measurements and irregularities if any:		
Normal Pulse rate and Rhythm? Please indicate measurements and irregularities if any:		
Heart murmur?		
Radial and Femoral Femoral pulses delay?		
Marfanoid features? If yes, please describe:		
Marfanoid features: a) Musculo-skeletal – arm span > height, high arched palate, cavus feet, hypermobile, kyphoscoliosis b) Optic – Myopia, lens dislocation		
ECG – Date completed:		
Rhythm anomalies?		
Conduction anomalies?		
Repolarisation?		
Other notes? If yes, please indicate:		

Name of GP / Specialist: _____

GP / Specialist Signature: _____

Date: _____