



ELECTRICAL INSTALLATION APPRENTICESHIP MEDICAL FORM

APPLICANT (to be completed in Block Capitals)

Surname: Forename(s)

Address:

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Tel: Date of Birth

DOCTOR (to be completed in Block Capitals)

Name: Tel:

Address

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1. VISION

Is the applicant's vision less than:	6/9 in both eyes?	YES / NO
	6/18 in one eye?	YES / NO
Does the applicant need to wear spectacles to achieve these standards?		YES / NO
Does the applicant suffer from any colour vision defect question (ABSENCE OF COLOUR BLINDNESS IS AN ESSENTIAL REQUIREMENT)		YES / NO

2. HEARING

Is the applicant's hearing in each ear normal under a standard whisper test?	LEFT	YES / NO
	RIGHT	YES / NO

3. PAST HISTORY

Has the applicant any previous history of epilepsy, dizziness, blackouts or diabetes? (If yes, please give brief details overleaf)	YES / NO
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4. PHOBIAS

Has the applicant any abnormal fear of heights or confined spaces? (If yes, please give brief details overleaf)	YES / NO
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5. ADDITIONAL COMMENTS

Please include any details from sections 3 & 4 overleaf, together with any additional comments on the applicant's medical history that may be relevant to his/her employment in the electrical installation industry.

6. PRESENT HEALTH

The applicant is applying for an apprenticeship in the electrical installation industry. This will include working on construction sites in all weathers. In your opinion is his/her general health and physical fitness sufficiently good for this type of employment?	YES / NO
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Doctor's Signature Date of Examination.....