

Medical Screening Questionnaire and Examination Record

Surname:	Forenames:
Address:	Tel No:
Date of Birth:	
GP's name:	
GP's Address:	
Date of Last Offshore Medical:	Offshore Occupation/Job Title:
Emergency Response Role:	

Social/Occupational History	Yes	No	Comments
1. Do you smoke? If so, how many per day?			
2. If an ex-smoker, when did you give up?			
3. Average weekly alcohol consumption: state quantity and type			
4. Have you ever been exposed to any known occupational hazard such as noise, radiation, dust, asbestos, chemicals or lead?			
5. Do you use protective clothing, safety glasses or hearing protection?			
6. Have you ever developed any medical condition in connection with your occupation? If so, please give details eg hearing loss/skin condition/wheeze/backache/muscle strain/blood disease?			
7. Have you ever suffered any industrial injury? If so, please give details.			
8. Have you ever had any problems with audiometric screening? Was this normal? State when and where.			
9. Have you ever had previous lung function screening? Was this normal? State when and where.			
10. Have you ever been rejected from employment on medical grounds?			
11. Have you ever received compensation or is there any industrial claim pending?			
12. Have you ever been medivaced from an offshore installation?			

Examining Physician's comments:

Medical Screening Questionnaire and Examination Record (cont'd)

Do you have or have you been diagnosed as suffering from any of the following? <i>(Please circle and elaborate)</i>			
1. Chest pain/heart pain	Yes	No	
2. High blood pressure/stroke	Yes	No	
3. Asthma/epilepsy/diabetes	Yes	No	
4. Peptic ulcer disease	Yes	No	
5. Kidney disease (eg stones)	Yes	No	
6. Psychiatric disorder (eg anxiety, depression)	Yes	No	
7. Tuberculosis	Yes	No	
8. Cancer	Yes	No	
Do any of your immediate family (parents/brothers/sisters) have a history of any of the above conditions? Please specify: 			
Do you currently have any of the following?			
1. Backache/joint or muscular pain	Yes	No	
2. Hernia/rupture	Yes	No	
3. Visual impairment	Yes	No	
4. Perforated eardrum/discharge from ear	Yes	No	
5. Recurrent indigestion	Yes	No	
6. Jaundice/hepatitis/gall bladder disease	Yes	No	
7. Change in bowel habit/diarrhea	Yes	No	
8. Blood in stools/piles/haemorrhoids	Yes	No	
9. Shortness of breath/coughing up blood	Yes	No	
10. Recurrent bronchitis/pneumonia	Yes	No	
11. Blood in urine/kidney complications/stones	Yes	No	
11. Headaches/migraine/dizziness	Yes	No	
Physician's comments: 			
I certify that the above information is correct:			
Signed: [Employee]			

Medical Screening Questionnaire and Examination Record (cont'd)

Medical Examination

To be completed by Examining Physician

Photographic ID:	Passport number:	
	Seaman's Book number:	
	National ID number:	
	Other:	

Height	Weight	BMI	BP	Pulse	FEV ₁	FVC	FEV ₁ / FVC	Urinalysis		
								Protein	Blood	Glucose

Vision — Distance			Vision — Near			Colour		VDU
L	Aided L	Both	L	Aided L	Both	Normal	Abnormal	
R	Aided R		R	Aided R				

	N	A	Comment
Audiometric Screening			
Substance Abuse Screening			
Stool Culture (Catering Crew)			

Medical Screening Questionnaire and Examination Record (cont'd)

	Normal	Abnormal	Comments
1. Eyes/Pupils			
2. Ear, Nose and Throat			
3. Teeth			
4. Lungs/Chest			
5. Cardiovascular			
6. Abdomen			
7. Hernial Orifices			
8. Genitourinary			
9. Musculoskeletal			
10. Skin			
11. Varicose Veins			
12. Neurological			

Physician to comment on any abnormalities:

Certification	Comment/Reason
Fit for offshore work as per Oil & Gas UK guidelines	
Fit for restricted offshore work following discussion with operating company's medical adviser	
Temporarily unfit for offshore work	
Permanently unfit for offshore work	

Physician's signature:

Print name: *Jolanta Krychowiak-Borowiecka*

Date of examination: