|  |  |
| --- | --- |
|  | Document No: CHK-HRS-01  Revision No: 4  Revision date: 04.02.2021 |
| **Personnel Mobilisation Checklist** | P a g e | **1** |

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | Sean | **SURNAME** | Vos |

**1. PERSONAL DETAILS 2. EMERGENCY CONTACT DETAILS**

**PHONE NAME Jenna Crilly**

**MOBILE +27680533072 RELATION Engaged**

**EMAIL vos.sean@gmail.com PHONE 0828732924**

**COVERALL XXL**

**SIZE FAX**

**ADDRESS 17 High Street, Mount Moreland, Durban South Africa MOBILE**

**EMAIL jennacrilly@gmail.com**

**3. BANKING DETAILS 4. DATABASE CHECKS NOTE: Expiry dates**

**should extend at least 90 from mob day. Visas may**

**require 6 months on passports. 2 blank pages in**

**passport for visas Please write the exact expiry**

**HOLDER NAME SSV PASSPORT # AO09400928**

**BANK NAME First national bank PASSPORT EXPIRY 06/06/2031**

**ADDRESS Umhlanga NATIONALITY South African**

**BRANCH Umhlanga DATE OF BIRTH 12/12/1975**

**BRANCH CODE 250255 QUALIFICATION Level 2 Air Diver**

**ACCOUNT # 6245734265 DMT EXPIRY 05/04/2026**

**ACCOUNT TYPE Cheque FIRST AID EXPIRY 2027/04/04**

**SWIFT CODE FIRNAJJ H2S EXPIRY 22/12/2024**

**IBAN# MEDICAL EXPIRY 06/09/2024**

**CORRES. BANK OFFSHORE EXPIRY 25/01/2026**

**CSWIP EXPIRY**

**SEAMANS BOOK # ( 210901016000014999) / P221963**

**MEDICAL DECLARATION**

**5. PROJECT CHECKLIST (Y/N/NA) A: TO BE COMPLETED BY TRAVELLER**

**VISA ISSUED AND CHECKED Awaiting**

**AIR TICKET ISSUED CARRYING ORIGINAL CERTS Awatng air ticket**

**CARRYING ORIGINAL MEDICAL** **Yes**

**CARRYING ORIGINAL OFFSHORE** 

**CARRYING ORIGINAL DMT**

**CARRYING LOG BOOKS**

**CONTRACT RECEIVED, SIGNED AND**

**RETURNED YES For all Above Questions**

**REVIEWED DRUG/ ALCOHOL POLICY**

**POSITION ON PROJECT Air Diver**

**6. VERIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **TRAVELLER SIGNED** |  | **DATE** | 25/04/2024 |
| **LOGISTICS SIGNED** |  | **DATE** |  |

**EMERGENCY MERMAID CONTACT NUMBER: M +974 5582 8542**

ONCE COMPLETED, FORWARD TO MSS LOGISTICS

**Name: Sean Vos Age: 48**

**Company: Mermaid Date:25/04/2024**

**Job Title: Air diver**

**Emergency Contact Number/doctor:** \_\_Dr Govender 0836614222\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Blood Group:** \_\_\_B Positive\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**1. PRESCRIBED MEDICATION**

I am taking/have been prescribed medication: Yes/No (Please tick/highlight applicable)

If you answer “Yes” above, please complete the below:

I wish to declare that I’m taking below mentioned medication & have sufficient personal stock of these medication

for the duration of my contract

**No. Name of Medication Quantity Other remarks**

1 ……………………………………………………… …………….. …….…………………………….

2 ……………………………………………………… ……………… …….…………………………….

3 ……………………………………………………… ……………… …….…………………………….

4 ……………………………………………………… ……………… .………………………………….

5 ……………………………………………………… ……………… .………………………………….

**2. ALLERGIES:** Yes / No (Please put tick/highlight applicable)

If Yes, Please provide details

……Penicilin………………………………………………………………………………………………………………………………………………………………………………………

**3. COVID 19**

**3.1** Have you ever been diagnosed with COVID 19? Yes / No (Please put tick/highlight applicable)

**3.2 If** you have, please provide the following details:

Date of Diagnosis: \_N/A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last date of negative COVID PCR test: \_\_2021/08/15\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name & Signature:** ........Sean Vos.............................

Please return this document to the relevant Logistics Officer.

**NOTE: Please be aware that your employment contract has a clause in it requiring you to declare your medical fitness before employment resumes**

**NOTE: All information contained in this document will be treated as confidential. However, this information may be submitted to the Company’s approved medical advisor for further consultation.**

**NOTE: Mermaid complies with regulations and guidelines provide by local regulatory authorities and subscribes to guidelines supplied by IMCA and DMAC on various health matters.**