

**PLASMA HEALTHCHEK DIAGNOSTICS PVT LTD**  
Shop num 11, 2<sup>ND</sup> Floor, Metropolis Mall, Sec-28, MG Road, Gurgaon-122002

## Addendum 1

# Medical Screening Questionnaire and Examination Record

### Medical Screening Questionnaire and Examination Record

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

SocialOccupational 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, dusts, 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 previous 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:**

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**Medical Screening Questionnaire and  
Examination Record (cont'd)**

<b>Do you have or have you been diagnosed as suffering from any of the following?</b>			
<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	
<b>Do any of your immediate family (parents/brothers/sisters) have a history of any of the above conditions? Please specify:</b>			
<b>Do you currently have any of the following?</b>			
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/diarrhoea	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	
12. Headaches/migraine/dizziness	Yes	No	
<b>Physician's comments:</b>			
<b>I certify that the above information is correct:</b>			
Signed .....[Employee]			

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**Medical Screening Questionnaire and  
Examination Record (cont'd)**

**Medical Examination**

*To be completed by Examining Physician*

<b>Photographic ID:</b>	Passport number:	
	Driver's licence number:	
	Other:	

Height	Weight	BMI	BP	Pulse	FEV <sub>1</sub>	FVC	FEV <sub>1</sub> /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)			

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**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: .....

Date of examination: .....

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## Addendum 2

# Unrestricted Offshore Work Certificate

**Note:** The following certificate of fitness must be reproduced on company or practice headed notepaper and must be issued to all successful candidates.

### Medical Certificate of Fitness for Offshore Work

(Issued in accordance with Oil and Gas UK Guidelines)

<b>Name:</b>	
<b>Date of Birth:</b>	
<b>Employing Company Name:</b>	
<b>Occupation:</b>	
<p>This individual has been examined in accordance with Oil &amp; Gas UK Guidelines and is <b>Medically Fit for Unrestricted Offshore Work.</b></p>	
<b>Examining Physician Name:</b>	
<b>Oil &amp; Gas UK PIN No:</b>	
<b>Date of Examination:</b>	
<b>Date of Expiry of Certificate:</b>	
<b>Signed:</b>	