

Oil & Gas UK Medical Screening Questionnaire

Documentation for Oil & Gas UK Medical booking.

Please answer all the questions below. Once you have completed the form please print and bring to your appointment.

PERSONAL DETAILS:

NAME: ANDREWS

LAST NAME: DOKU

AGE: 34YRS

DATE OF BIRTH:

DAY: 25

MONTH: 03

YEAR: 1984

ADDRESS:

B/278 TEMA

TELEPHONE NUMBER: 026 205 3076

EMAIL: andydoku80@gmail.com

GP DETAILS:

GP's NAME: COMFORT ANIM WIREKO

GP's TELEPHONE NUMBER: 00243719043

GP's ADDRESS:

P.O.BOX LG 562, LEGON ACCRA

EMPLOYMENT DETAILS:

OFFSHORE OCCUPATION / JOB TITLE: MECHANIC

DATE OF LAST OFFSHORE MEDICAL: FEBRUARY 2018

CURRENT EMPLOYER: N/A

CURRENT OFFSHORE INSTALLATION:

SOCIAL / OCCUPATIONAL HISTORY:

SMOKING STATUS: YES NO X

HOW MANY UNITS OF ALCOHOL YOU DRINK PER WEEK: X 1 5 10 20 30 40

HAVE YOU EVER BEEN EXPOSED TO ANY KNOWN OCCUPATIONAL HAZARD SUCH NOISE,

RADIATION, DUST, ASBESTOS, CHEMICALS OR LEAD? YES X NO

DO YOU USE PROTECTIVE CLOTHING? YES X NO