

DO YOU USE SAFETY GLASSES? YES ☒ NO

DO YOU USE HEARING PROTECTION? YES ☒ NO

HAVE YOU EVER DEVELOPED A MEDICAL CONDITION IN CONNECTION WITH
YOUR OCCUPATION? YES NO ☒

HAVE YOU EVER SUFFERED AN INDUSTRY INJURY? YES NO ☒

HAVE YOU EVER HAD ANY PREVIOUS AUDIOMETRIC SCREENING? YES NO ☒

HAVE YOU EVER HAD PREVIOUS LUNG FUNCTION TESTING? YES NO ☒

HAVE YOU EVER BEEN REJECTED FROM EMPLOYMENT ON MEDICAL GROUNDS? YES ☒ NO

HAVE YOU EVER RECEIVED COMPENSATION OR IS THERE ANY INDUSTRIAL
CLAIM PENDING? YES NO ☒

HAVE YOU EVER BEEN MEDEVACED FROM ANOTHER OFFSHORE PLATFORM? YES NO ☒

MEDICAL DETAILS:

DO YOU OR HAVE YOU EVER BEEN DIAGNOSED AS SUFFERING FROM ANY OF THE FOLLOWING?:

CHEST PAIN	HEART PAIN	HIGH BLOOD PRESSURE
STROKE	ASTHMA	EPILEPSY
DIABETES	PEPTIC ULCER DISEASE	KIDNEY DISEASE
PSYCHIATRIC DISORDER	TUBERCULOSIS	CANCER
ALLERGIES	NONE OF THE ABOVE	<input checked="" type="checkbox"/>

DO ANY OF YOUR IMMEDIATE FAMILY (PARENTS/BROTHER/SISTERS) HAVE AN HISTORY OF ANY OF THE
ABOVE CONDITIONS? YES NO ☒

DO YOU HAVE ANY OF THE FOLLOWING?:

BACKACHE JOINT MUSCULAR PAIN	HERNIA RUPTURE
VISUAL IMPAIRMENT	PERFORATED EARDRUM/DISCHARGE FROM EAR
RECURRENT INDIGESTION	JAUNDICE/HEPATITIS/GALLBLADDER DISEASE
CHANGE IN BOWEL HABIT/DIARRHOEA	BLOOD IN STOOL/HAEMORRHOIDS/PILES
SHORTNESS OF BREATH	COUGHING UP BLOOD
RECURRENT BRONCHITIS/PNEUMONIA	BLOOD IN URINE
KIDNEY COMPLICATIONS	STONES
HEADACHES/MIGRAINES/DIZZINESS	NONE OF THE ABOVE