

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	

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/DIZZINES	NONE OF THE ABOVE

ARE YOU CURRENTLY TAKING ANY MEDICATION?: YES NO