

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: ADE SAHEED

LAST NAME: ABDULAI

AGE: 41 YEARS

DATE OF BIRTH:

DAY: 20TH **MONTH:** NOV **YEAR:** 1976

ADDRESS:

ZE/4/436 40 ROOMS ROAD, ZENU ATADEKA, ASHAIMAN

TELEPHONE NUMBER: +233 20 8499 861

EMAIL: shydarling2000@yahoo.com

GP DETAILS:

GP's NAME: DR. HENRY AGORTEY

GP's TELEPHONE NUMBER: 0302227196

GP's ADDRESS:
HOUSE OF BALM, NO. C896/3, KANDA HIGHWAY, NORTH RIDGE, ACCRA

EMPLOYMENT DETAILS:

OFFSHORE OCCUPATION / JOB TITLE: ENGINEER

DATE OF LAST OFFSHORE MEDICAL: 2/04/ 2018

CURRENT EMPLOYER: N/A

CURRENT OFFSHORE INSTALLATION: N/A

SOCIAL / OCCUPATIONAL HISTORY:

SMOKING STATUS: YES NO *

HOW MANY UNITS OF ALCOHOL YOU DRINK PER WEEK: N/A 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 * NO

DO YOU USE PROTECTIVE CLOTHING? YES * NO