

A Pre Offshore Training Medical Screening Questionnaire

Note – this questionnaire is not an offshore medical. Workers must ensure that their offshore medical certification remains in date.

Name:.....

Date of birth:.....

Company/ department:.....

Please answer by ticking box.

	YES	NO
1. Since your last offshore medical have you developed any <u>new</u> medical problems or have any medical problems got worse?	<input type="checkbox"/>	<input type="checkbox"/>
2. Since your last offshore medical have you been started on any <u>new</u> regular medicines or have there been any changes to any regular medicines you are taking?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any health or mobility problems that you feel may affect your ability to work safely offshore?	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the above answers are correct and I have not withheld any information.

Signed:..... Date:.....

Where fitness concerns are identified the person should be referred to a Panaga Health Centre doctor or other company doctor for further evaluation.