NETHERLANDS

OFFSHORE MEDICAL QUESTIONNAIRE AN EXAMINATION



SECTION I

Surname	Address	
First name		
Date of birth		
Telephone		
Nationality		
Occupation	Location	

Please answer all questions below in relation to the time that has elapsed since your last offshore medical examination.

SECTION II (this section to be completed by examinee in his or her own handwriting). Explain all yess answers below in section III

All e	kaminees - have you had since your last offshore examination:	YES	NO				
1	fainting spells, convulsions, epilepsy or fits?						
2	Frequent headaches or dizziness?						
3	Mental or nervous disorder or psychiatric care?						
4	Hay fever or sinus infection?						
5	Frequent sore throats, colds or tonsillitis?						
6	Impaired hearing?						
7	Enlarged glands anywhere in the body or thyroid trouble?						
8	Elevated blood pressure?						
9	Any type of heart disease or disorder - chest pain?						
10	Unusual shortness of breath, asthma or lung infection (including pneumonia)?						
11	Daily cough or spitting of blood? Tuberculosis?						
12	Stomach trouble, indigestion or ulcers?						
13	Liver or gall bladder disease?						
14	Colitis or chronic diarrhoea?						
15	Blood in stool? Hemerrhoids (piles)?						
16	Kidney or bladder stone, infection or tumor?						
Have	you had since your last offshore examination:						
17	Blood, pus or albumin in urine?						
18	Venereal infection?						
19	Diabetes (sugar in urine)?						
20	Change in weight during last year or any type anemia?						
21	Arthritis, rheumatism, joint pains (rheumatic fever) or varicose veins?						
22	Injury to any part of the body or broken bones?						

23	Back or leg trouble?						
24	Skin disease or infections?						
25	Any kind of cancer or tumor?						
26	Any type of X-rays?						
Please	answer the following questions:						
27	Do you wear glasses?						
28	Has there been any change in either distant or near vision?						
29	Have you been hospitalized, had surgery or been in bed at home over one week?						
30	Have you seen a doctor for any reason during the past year?						
31	Are you taking any medication at the present time?						
Have y	ou had since your last offshore examination:						
32	Are you allergic tot any drugs?						
33	Have you any disease or health problem not mentioned above?						
34	Have you received a workers compensation award?						
35	Have you ever received any type of health disability compensation?						
36	Have you lost any time from work in the last 24 months due to injury or illness?						
37	Worked with ionizing radiation or radioactive substances?						
38	Worked with asbestos, berylium, pesticides, lead or other toxis material that may be considered hazardous?						
39	Been exposed to silica (sandblasting, foundry work, mining, rock drilling or similar occupation?						
40	Become allergic to any chemicals?						
41	Had a skin rash or condition from any chemical, plastic solvent, metal or similar substance?						
42	Do you have regular dental checkups every 6-12 months?						
43	When was your last dental checkup?						
SEC1	ION III Discribe in detail all "yes" answers in section II above, include approximate date on each yes answer.						
1	forther the complete described as attended to the complete to						
certi	fy that I have completed section I en II accurately an completely. Signatu	ne.					

SECTION IV Please examine the examinee for the following items and any itmes checked in section III						
General health appearance:	Height:	Weight:	Blood pressure:			
	Normaal	Abnormaal				
Eyes						
Color vision						
Ears						
Nose						
Throat						
Dental condition						
Neck and thyroid						
Lungs						
Heart						
Abdomen						
Hernia						
Genitalia						
Rectal / prostrate examination						
Lymph nodes						
Skin						
Musculo - skeletal						
Reflexes						

Date:

Examining doctor:

SECTION V		Vitalor	Predicted	Act	ual	%	Chemistry profile			
				FVC					Creatinine	
			Fev. 1.0					Glucose		
Vision	w	hitout glass	es:		Whit glasses				Bilirubin	
	Both	Right	Left	Both	Right	Light			Alk Phospharase	
Far									Gamma GT	
Near									Unc Acid	
Audiometr	ic exam result	ts						Urinalyses	Cholesterol	
Hertz	5K	1K	2K	3K	4K	6K	8K	Colour	Trilyceride	
Right ear								Sugar	Haematology profile:	
Left ear								Albumin		
Resting E.C.	G. report:								White cell count	
									Red cell count	
									Heamaglobin	
Diagnoses a	and summary o	of positive fin	dings:						Heamatocrit	
									MCV	
									ESR	
Give compl	ete details of a	ny abnormal	findings in se	ction V:						
Recommandation:										
a) Satisfactory health, fit for offshore employment										
а) занзисногу пеанн, встог опъноге етгрюутнети										
b)	b) Significant health defect									
Medical departement physician: Date:						Date:				