



MEDICAL OFFICE

Lægekantoret

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| Given name(s): | Surname: |
| E-mail: | Phone: |
| Date of birth: | Nationality: |
| Offshore Occupation / job title: | |
| Employing company: | |
| Date of last offshore medical | |
| Fireteam member: | |
| Do you smoke (if so how many pr. day?) | |
| If an ex-smoker, when did you quit? | |
| Average onshore weekly alcohol consumption in units: | |

OCCUPATIONAL HISTORY

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| Have you been exposed to any known occupational hazards such as noise, radiation, dust, asbestos, chemicals or lead? |
| Have you used protective clothing, safety glasses and hearing protection? |
| Have you ever developed any medical condition in connection with your occupation? |
| Have you suffered any industrial injury? If so please give details: |
| Have you ever been rejected from employment on medical grounds? |
| Have you received compensation, or is there any industrial claim pending? |
| Have you ever been evacuated for emergency medical reasons from an offshore installation? |

Are you taking any medication?



| Do you have, or have you had any of following? | YES/NO? |
|---|----------------|
| Chest pain/ heart pain/ heart attack? | |
| High Blood Pressure? | |
| Stroke? | |
| Asthma? | |
| Epilepsy? | |
| Diabetes? | |
| Pectic ulcer disease? | |
| Mental problems e.g. anxiety/depression? | |
| Kidney disease | |
| Tuberculosis or other infectious diseases? | |
| Cancer? | |
| Have you been to hospital within the last 5 years | |
| Do you currently have any of the following? | |
| Backpain/joint pain (muskel og ledsmerter)? | |
| Hernia (brok)? | |
| Eye problems (apart from glasses)? | |
| Gastritis | |
| Hepatitis or gall bladder disease? | |
| Change in bowel habit/ diarrhea? | |
| Blood in stools/piles, haemorrhoids? | |
| Shortness of breath? | |
| Recurrent bronchitis/pneumonia (bronkitis eller lungebetændelse)? | |
| Blood in urine or kidney stones? | |
| Headaches/migraine/dizziness? | |
| When did you last see a dentist? | |
| I certify that above information is correct: | |
| Date: | Signed: |