roth
dr. med. matthias roth
facharzt für arbeitsmedizin
facharzt für allgemeinmedizin

OEUK - Offshore Energies UK
(formerly OGUK - Oil & Gas UK)

Medical Screening Questionnaire

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Surname:		**Forename**:	
Adress:			
Date of Birth:		**Tel No.:**	
GP´s Name:			
GP´s Address:			
Date of Last Offshore Medical:		**Offshore Occupation/ Job Title**:	
Emergency Response Role:			

	Social/Occupational History	**Yes**	**No**	**Comments**
1.	Do you smoke? If so, how many per day?			
2.	If an ex-smoker, when did you give up?			
3.	Average weekly alcohol consumption state quantity and type.			
4.	Have you ever been exposed to any known occupational hazard such as noise, radiation, dusts, asbestos, chemicals or lead?			
5.	Do you use protective clothing, safety glasses or hearing protection?			
6.	Have you ever developed any medical condition in connection with your occupation? If so, please give details e.g. hearing loss/skin condition/wheeze/ backache/muscle strain/blood disease?			
7.	Have you ever suffered any industrial injury? If so, please give details.			
8.	Have you ever had any previous audiometric screening? Was this normal? State when and where.			
9.	Have you ever had any previous lung function screening? Was this normal? State when and where.			
10.	Have you ever been rejected from employment on medical grounds?			
11.	Have you ever received compensation or is there any industrial claim pending?			
12.	Have you ever been medivaced from an offshore installation?			
Examining Physician´s comments:				

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Do you have or have you been diagnosed as suffering from any of the following?				
	Social/Occupational History	**Yes**	**No**	**Comments**
1.	Chest pain/ heart pain			
2.	High blood pressure/ stroke			
3.	Asthma / epilepsy / diabetes			
4.	Peptic ulcer disease			
5.	Kidney disease (e.g. stones)			
6.	Psychiatric disorder (e.g. anxiety, depression)			
7.	Tuberculosis			
8.	Cancer			
Do any of your immediate family (parents / brothers / sisters) have a history of any of the above conditions? Please specify:				
Do you currently have any of the following?				
		Yes	**No**	
1.	Backache / joint or muscular pain			
2.	Hernia / rupture			
3.	Visual impairment			
4.	Perforates eardrum / discharge from ear			
5.	Recurrent indigestion			
6.	Jaundice / hepatitis / gall bladder disease			
7.	Change a bowl habit / diarrhoea			
8.	Blood in stools / piles / hemorrhoids			
9.	Shortness of breath / coughing up blood			
10.	Recurrent bronchitis / pneumonia			
11.	Blood in urine / kidney complications / stones			
12.	Headaches / migraines / dizziness			
Examining Physician´s comments:				
I certify that the above information is correct: Signed:…………………………………………….. (employee)				

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