

Medical Screening Questionnaire and Examination Record

Surname:	Forename:
Address:	
	Date of Birth:
Telephone:	
GP's Name:	
GP's Address:	
Date of Last Offshore Medical:	Offshore Occupation:
Emergency response role:	Last Sea Survival course:

QUESTION: please answer	YES	NO
Have you ever had or do you now have:		
Diabetes?		
Disease of the heart and circulation, including hypertension, angina or MI, chest pains, arrhythmias?		
Asthma?		
Lung disease such as COPD?		
Spontaneous or traumatic pneumothorax?		
Injury or surgery to the chest?		
ENT or sinus problems?		
Significant gastrointestinal problems?		
Mental illness?		
Claustrophobia or severe motion sickness?		
Epilepsy?		
Migraine?		
Neurological illness such as strokes or multiple sclerosis?		
Syncope or recurrent fainting?		
Skin disease?		
Anaemia or haematological conditions?		
Currently pregnant?		
Prescribed or other medication?		

Candidate: I certify that the above answers are correct.

Signature:.....**Date:**.....

Certification	Comment/Reason
Fit for HUET and Compressed Air EBS Training	
Temporarily unfit for HUET and Compressed Air EBS Training	
Permanently unfit for HUET and Compressed Air EBS Training	