

## Contractor Certificate for Fitness to Work in BGC Projects Iraq

**Name of Employee:**

**Date of Birth:**

**Nationality:**

**Passport Number:**

**Employer:**

**Expiry Date of Certificate:**

I certify that I have checked the identification of the above individual and that they have undergone a medical examination to Shell Remote Site Work Standard or the OGUK/NOGEPa medical or equivalent. For standards of fitness (See OGUK Medical Guidelines for fitness to work offshore.) I further certify they meet the following additional criteria, and they are fit to work in remote locations in Iraq:

- To work in a hot climate (temperatures in excess of 50 C in Summer)
- To have the physical fitness wear body armor and helmet for prolonged periods of time.
- Has no medical conditions that are likely to cause significant ill health during their deployment
- Are not taking medication that would cause a serious adverse health effect if stopped suddenly
- Have no psychological/mental health issues that would impact on their ability to work in Iraq
- HIV, VDRL, Hepatitis B, and Hepatitis C status have all been checked for visa purposes. (All personnel will require testing to have an exit visa issued)

**Suggested Restrictions/Accommodations:**

**Examining Doctor Name:**

**Clinic Name and Address:**

**Email Address:**

**Contact Telephone:**

**Signature:**

**Date:**

**Clinic Stamp:**