



Shell Health Services Form E1¹

Medical Examination Record

NB Health advisors – only complete examinations and investigations required by protocol, or those that are clinically indicated from patient history.

Name		Job Type		Date
Age	I.D No			Blood Group
Blood Pressure:	Pulse:	Height (m):	Weight (Kg):	BMI:
Systems Revision		Normal / Abnormal	Comment	
Head, Eyes, Ears, Mouth, Teeth, Throat				
Spine				
Breasts				
Chest – Respiratory System				
Heart - Cardiovascular				
Extremities				
Musculo-skeletal				
Genito-urinary				
Rectum-Anus				
Abdomen				
Neurological System				
Skin				
Others- inc Immunisation status				
Lab Tests*				
Vision tests*				
Audiogram *				
Spirometry *				
ECG*				
Other*				

PLEASE ATTACH COPIES OF IMPORTANT SPECIALIST REPORTS and LAB results

Health Advisor – additional comments may be recorded on reverse of form

Date	Signature	Print Name
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¹ Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work, Appendix D, SHS 06.010, 2006

FORM E1 Continued

Health Advisor - additional comments

Date	Signature	Print Name