

What are the sources of your fears? e.g., heights, confined space, flying, sea water, and others

What stresses you?

DECLARATION:

I declare that I have answered all the questions honestly and fully and am not aware of any other physical or mental disability which could affect my work. I also agree that the medical results and information herein may be communicated by the Medical Department to other departments if required.

I accept that Qatargas will not be liable for any pre-existing medical condition in myself or my dependents unless explicitly stated in writing.

Date: _____

Signature: _____

Section B. To be completed by the Examining Doctor. Additional tests may be requested when necessary.

I. PHYSICAL EXAMINATION				II. LABORATORY REPORTS			
Organ and System	Normal	Abnormal	Remarks	Laboratory Reports	Normal	Abnormal	Remarks
Eyes				Fasting Blood Glucose			
Ear, Nose, Throat				Complete Blood Count			
Oral cavity				Blood platelet Count			
Chest				Liver Function Test: (SGPT, SGOT, Bilirubin, γ GT)			
Cardiovascular system							
Abdominal				Renal Function Test: (Urea, Creatinine, Uric Acid)			
Hernia orifices							
Anus and rectum (if necessary)				Total Cholesterol, HDL/LDL			
Genito-urinary (if necessary)				Urinalysis			
Extremities				Electrocardiogram (ECG)			
Musculo-skeletal				Spirometry			
Skin				Audiometry			
Varicose veins				Chest X-ray (overseas) <i>film to be attached</i>			
CNS				Infectious Diseases Test: (overseas) <i>STD (VDRL), HIV & Hepatitis B & C</i>			
					Others test if needed:		

Section C. Biometrics (To be completed by the attending nurse)

Height (cm)	Weight (kg)	Waist (cm)	BMI	PR	BP	Vision:	Color Vision	Blood Group:
						<i>distant</i> <i>near</i> R L R L Uncorrected — — — — Corrected		Type: _____ Rh: _____(ve)

Fitness Conclusion:

- FIT to work
 Fit with conditions
 For Further Review
 UNFIT to work

Required Surveillance:

- None Hypertension Diabetes
 Hearing Conservation Respiratory Protection MSD
 Others:

Certified by:
Dr. _____

Signature/Stamp: _____

Date: _____

C O N F I D E N T I A L