



FORM  
Group

MEDICAL FITNESS CERTIFICATE

Doc. no. FORM\_GR-GROUP-HR-HLT-040-E

Rev. 03

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Ref. Doc. CR\_GR-GROUP-HR-HLT-011-E

## MEDICAL FITNESS CERTIFICATE

Issued in accordance with Oil & Gas UK Guidelines, Saipem Group Criteria CR\_GR-GROUP-HR-HLT-011-E, IMO and STCW Guidelines on medical examination

Full name (in block letters)	Date of Birth	Occupation
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**This Health Certificate is valid until:** \_\_\_\_\_  
(DD/MM/YYYY)

- |   |                                    |   |
|---|------------------------------------|---|
| <input type="checkbox"/> Fit  | <input type="checkbox"/> Offshore  | <input type="checkbox"/> Onshore                    |
| <input type="checkbox"/> Fit with prescriptions and/or restrictions | <input type="checkbox"/> permanent | <input type="checkbox"/> temporary for months ..... |
| <input type="checkbox"/> Unfit                                      | <input type="checkbox"/> permanent | <input type="checkbox"/> temporary for months ..... |

Specify recommendations and/or restrictions

.....

.....

\_\_\_\_\_  
Doctor's name, stamp and signature

\_\_\_\_\_  
Issuing Entity

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date (DD/MM/YYYY)

Note:

Employer must provide the personal protective equipment specific to the activity, if necessary.