



QatarEnergy LNG Medical Department

MEDICAL EXAMINATION FORM (Offshore Contractor)

Section A: To be completed by the applicant. All information and reports will be treated with strict confidentiality.

PHOTO	First Name	Family Name
	DOB (DD/MM/YY)	QID/Passport/Company ID
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality
		Position
	Work Location	Department
	Company	Contact Number
	Present Address	

NATURE OF YOUR WORK: (please tick)

- | | | | |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> Diving | <input type="checkbox"/> Hanging/Suspension | <input type="checkbox"/> Sewage Disposal |
| <input type="checkbox"/> Working at Height | <input type="checkbox"/> Swing Rope | <input type="checkbox"/> Emergency Responder | <input type="checkbox"/> Food Handlers |
| <input type="checkbox"/> Operating Heavy Equipment/Crane operation | <input type="checkbox"/> Office Work | <input type="checkbox"/> Ionizing Radiation | <input type="checkbox"/> Others: (please specify) |

VACCINATION HISTORY	Yes	No	Not sure		Yes	No	Not sure		Yes	No	Not sure
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Typhoid Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Covid 19 (Brand Name)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date : 1 st Dose			Date : 2 nd Dose				Date : 3 rd Dose

* Certificate required...

MEDICAL HISTORY	Yes	No		Yes	No		Yes	No
Blood Disorder (Anemia/platelet abnormality)	<input type="checkbox"/>	<input type="checkbox"/>	CNS Condition (Brain Stroke)	<input type="checkbox"/>	<input type="checkbox"/>	Chest Disease (PTB, Asthma, Bronchitis)	<input type="checkbox"/>	<input type="checkbox"/>
Peptic Ulcer/Rectal/ Bleeding/Bowel Disease	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease (Heart Attack/Angina)	<input type="checkbox"/>	<input type="checkbox"/>	Sexually Transmitted Diseases	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure (HPN)	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis/Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Work/Non-Work Accidents	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes Mellitus (Oral/Insulin)	<input type="checkbox"/>	<input type="checkbox"/>	Major Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Ear/Sinus Illnesses	<input type="checkbox"/>	<input type="checkbox"/>	Kidney or Bladder Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Cancer/Tumors	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Headache	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Abdominal Pain	<input type="checkbox"/>	<input type="checkbox"/>	Fainting/Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Disease (Hypo/Hyperthyroidism)	<input type="checkbox"/>	<input type="checkbox"/>
Skin Diseases / Allergies (Eczema/Psoriasis)	<input type="checkbox"/>	<input type="checkbox"/>	Vascular Disease	<input type="checkbox"/>	<input type="checkbox"/>	Current Pregnancy (female only)	<input type="checkbox"/>	<input type="checkbox"/>
Musculo-Skeletal (Dislocation, Injuries, Fracture)	<input type="checkbox"/>	<input type="checkbox"/>	Eye Conditions (Cataracts/Glaucoma)	<input type="checkbox"/>	<input type="checkbox"/>	Hospital Admission (when, why?)	<input type="checkbox"/>	<input type="checkbox"/>
Mental Illness (Anxiety/Depression)	<input type="checkbox"/>	<input type="checkbox"/>	Others if any:					

IS THERE ANY FAMILY HISTORY OF :						
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Heart Diseases	<input type="checkbox"/>	<input type="checkbox"/>	Others:
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Asthma/Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy/Fits	<input type="checkbox"/>	<input type="checkbox"/>	Cancer/Tumor	<input type="checkbox"/>	<input type="checkbox"/>	

PLEASE ANSWER THE FOLLOWING QUESTIONS:	Yes	No
Have you had any severe illness/injuries or hospitalization that has made you absent from work in the last years?	<input type="checkbox"/>	<input type="checkbox"/>
Any history of MEDEVAC in the past? If YES, Why?	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking any medications currently? If yes, please mention the name/s & dose of each and frequency:	<input type="checkbox"/>	<input type="checkbox"/>
Do you smoke? If Yes, What type? (Cigarettes, Cigars, Vape, Shisha, Pipe) How Long and how frequent per day or week?	<input type="checkbox"/>	<input type="checkbox"/>
Do you drink alcoholic beverages or use any recreational drugs? If yes, please mention type, frequency and volume consumed per week	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel fit and healthy at present?	<input type="checkbox"/>	<input type="checkbox"/>
What are the sources of your fears? (e.g., heights, confined space, flying, sea water, and others)	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any unusual stress?	<input type="checkbox"/>	<input type="checkbox"/>
How stressful do you feel your life is? (On a scale of 1-10 where 10 is the highest.) Score :	<input type="checkbox"/>	<input type="checkbox"/>
Have you been refused issuance of OMFC by QE/QELNG in the past? If YES, Why?	<input type="checkbox"/>	<input type="checkbox"/>

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 QatarEnergy LNG 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

PHYSICAL EXAMINATION:				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				Total Cholesterol, HDL/LDL			
Chest				Liver Function Test: (ALT, AST, Bilirubin, GGT)			
Cardiovascular System				Renal Function Test: (Urea, Creatinine, Uric Acid)			
Abdominal				Urinalysis			
Hernia Orifices				Audiometry			
Anus and Rectum (if necessary)				Spirometry			
Genito-Urinary (if necessary)				Electrocardiogram (ECG)			
Extremities				Chest X-ray (overseas only) Report and photo to be attached			
Musculo-Skeletal				Infectious Diseases Test: (Overseas only) HBsAg / HCV Ab / HIV Ab / VDRL			
Skin				HbA1c & 2hPPBS (for diabetics only)			
Vascular System				For Food Handlers ONLY: Stool Analysis and Sputum Analysis for AFB			
Central Nervous System							

Section C. Biometrics (To be completed by medical personnel)

Height (cm)	Weight (kg)	Waist (cm)	Body Mass Index	Pulse Rate (/ min)	Blood Pressure (mm hg)	VISION	Distant		Near		Binocular Vision	Color Vision	Blood Group
							R	L	R	L		Normal: <input type="checkbox"/>	
						Uncorrected						Partial Color Blindness: <input type="checkbox"/>	Type:
						Corrected						Total Color Blindness: <input type="checkbox"/>	Rh (ve):
<p>NOTE:</p> <p>1. Stress ECG Test is required for all candidates 60 years and above.</p> <p>2. If abnormal color vision is detected, ophthalmology report is required to specify the type of color vision defect and the candidate's ability to see and recognize all primary colors clearly.</p> <p>3. For Divers ONLY, 1. Sharpened (Tandem) Romberg Test; 2. ENT or GP consultation to confirm that the external auditory canal is clear, the tympanic membrane structure and mobility are intact; 3. An exercise tolerance test (ETT – Stress ECG) - OMFC is valid for 1 year.</p>													
<p>ADDITIONAL REMARKS:</p>													

Certified by:

Signature/Stamp:

Date:

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

From medical side to obtain medical clearance from the project owner – Qatar Gas medical department – offshore medical cards (**OMFC**):

- Qatargas medical form filled out by applicant in Section A and dated and signed by applicant and photo attached. Section B filled out by examining medical facility signed and stamped. Qatargas form with no signatures of applicant are rejected. ALL questions on Qatargas form must be answered as appropriate – incomplete form will not be accepted and processed.
- Complete set of medical examination report – all forms, medical and lab reports – to meet all listed examinations on Qatargas protocol
- Photo – scanned in JPG format
- Passport – scanned in JPG format
- Vaccination declaration must be provided. Vaccination evidence must be provided. Chickenpox vaccination and MMR vaccination for catering personnel prior to offshore deployment with evidence is a must.

IMPORTANT: medical report must be not older than 2 years for personnel younger 45 years old and not older than 1 year for personnel older than 45 years old. All examinations listed on Qatargas form are mandatory, INCLUDING chest x-ray. Minimum reserved validity of the report at time of application – not less than 6 months.

IMPORTANT: offshore staff aged ≥ 60 , must have TMT stress test on Bruce Protocol Stage III and cardiologist evaluation.

All handwritings on the medical reports must be readable and legible.

Catering / food handlers in addition to standard QG protocol must have chest x-ray, stool culture, stool routine, sputum AFB stain, evidence of vaccination. Vaccinations required for catering staff: Hepatitis A, Typhoid, MMR, chickenpox.

COMMERCIAL DIVERS: medical fitness requirements are more stringent for certification of commercial diver. In addition to standard QATARGAS medical protocol – either CHESTER STEP TEST or VO MAX test must be provided to commercial divers. Valid medical fitness certificate must be current and not older than 1 year.

If mobilization expected from within Qatar – travel declaration must be filled out by applicant and provided in package.

Applicant must disclose pre-existing medical condition and treatment on QG form – otherwise application might be rejected for non-disclosure.

ALL CANDIDATES WITH PRE-EXISTING MEDICAL CONDITIONS MUST HAVE PRE-TRIP MEDICAL CLEARANCE according to nature of condition:

- candidates with confirmed pre-existing diabetes must provide HbA1c blood test together with complete medical set. Same test would be advisable to those whose medical report shows elevated blood sugar >6 mmol/l = 108 mg/dl.
- All candidates with significant cardiac findings and history to provide cardiologist clearance along with the complete set of documents. Applicants with history of significant cardiac events, ischemia, infarctions – will be rejected.

- All candidates with BMI >35 will be rejected until BMI proven to reduce <<35.
- Infections: HBsAg positive hepatitis B will be rejected, anti-HCV/HCV PCR positive, TPHA/VDRL positive – will be rejected.
- TB related changes in lungs – will be rejected.

QG medical dept can ask additional tests if they consider this necessary.

Other grounds for medical rejection may exist – this will be only known case by case. In addition, during pandemics – other medical exclusions might be applied for offshore mobilization for those with pre-existing medical conditions and who might be considerable as high risk or vulnerable group. For details REFER to Saipem HEMOV internal communication **No CTF-004/20-R1 of 19 Oct 2020**

For external non-Saipem recruiters bringing personnel to vessel from EU: we would strongly advise to inform parent company recruiting EU nationals must obtain and have available consent of employee in writing for disclosure of medical information – employee grants consent to Saipem medical department on the project via his/her parent company, and allows Saipem medical department to process application with QG medical department. Withdrawal or refusal of consent to disclose potentially disqualifies from OMFC. Consent must be available at parent company to Saipem medical department upon request. Refusal to submit application to Qatargas is breach of Project requirements, this disqualifies from OMFC and consequently further mobilization to vessel cannot be approved.

Additional documents for application portfolio – to provide with medical reports:

- Photo
- Passport
- Existing Da Vinci system file number
- For mobilizations from Qatar:
 - Qatar ID
 - Local mobile number
 - Date of last entry to Qatar (last immigration stamp on entry in passport)

To transfer application portfolio: it is very helpful if recruiter transfers 1 mail with complete set for 1 applicant per time. Or if other file transfer soft / web application is used – 1 folder for 1 applicant with complete set of documents for application (for instance – wetransfer.com). Clear indication on destination vessel and project must be mentioned in communications to avoid confusion – we process applications for the whole fleet under project.

Existing Qatar Petroleum cards **do not replace** Qatargas OMFC cards and must be converted. Conversion process – is the same as above described application whole process.

Complete set of medical portfolios should be sent as above to

Musaddiqueismail.pokar@saipem.com

BrianEric.Violeta@saipem.com

RinsuSara.Abraham@saipem.com

These requirements are EQUALLY applicable to ALL staff assigned to offshore installations. All subcontractors are subject to comply without deviations.

Processing time in QG medical dept varies between 5 business days to 14+ depends how busy QG medical team would be at time of application. Thus, application package must be provided well in advance. Application limit – 15 applications per day.



NEW Medical
Examination Form Q



03-07-34-196



New Vaccination

Declaration Form.pc



QatarEnergy LNG Medical Department

OFFSHORE VACCINATIONS DECLARATION FORM

Name:

Job Title:

Company:

Staff Number:

Date of Birth:

Date:

COVID 19 Vaccine

- ☐ I hereby declare that I had contracted the Covid 19 disease before.
- ☐ I hereby declare that I had administered the Covid 19 vaccination before.

MEASLES (Measles Mumps and Rubella – MMR) Vaccine

- ☐ I hereby declare that I had contracted the Measles disease before.
- ☐ I hereby declare that I had administered the Measles (MMR) vaccination before.
- ☐ I hereby declare that I am not sure if I had contracted Measles disease or had administered the vaccine before. I confirm that I will administer the vaccine as soon as possible and before joining offshore.*

CHICKEN POX Vaccine

- ☐ I hereby declare that I had contracted the Chicken Pox disease before.
- ☐ I hereby declare that I had administered the Chicken Pox vaccination before.
- ☐ I hereby declare that I am not sure if I had contracted the chicken pox disease or had administered the vaccine before. I confirm that I will administer the vaccine as soon as possible and before joining offshore.*

**Vaccines should be administered as early as possible before joining Offshore to allow enough time required for development an adequate immune response. QG hosts (Contract owners) are accountable for compliance of their contractors.*

Signed by:

(Signature above Printed Name)