

# Offshore Platform Health Clearance Form

## Personal Information

Full Name

Employee ID

Date of Birth

Position/Job Title

Department

## Health History

Do you have any chronic illnesses?

If yes, please specify

Are you currently taking any medication?

If yes, please specify

Have you recently experienced any symptoms of illness?

If yes, please specify

## Travel & Exposure History

Have you traveled internationally in the last 30 days?

If yes, countries visited

Have you been exposed to any contagious diseases?

If yes, please specify

## Fitness Assessment

Height (cm)

Weight (kg)

Blood Pressure

Additional Remarks

Date

Signature