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IMS PROCEDURE




**FITNESS TO WORK EXAMINATIONS**

0	First Issue	M. Dintinjana	E. Tavolini I. Obike	A. Panza	D. Bertorelli	18/04/2005
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## 1 INTRODUCTION

Eni E&P Division provides clear guidance on implementing health programs in the Business Units through Minimum Health Standard 4, related to fitness to work. This Standard states:




“Minimum fitness for duty standards are to be established and applied for specific work and working conditions where there are critical occupational health or safety requirements.”

This procedure summarises the approach taken by the three Eni Subsidiaries (NAOC, AENR & NAE) in Nigeria to fulfil the requirements of the E&P Division standard.

Eni Companies in Nigeria have the responsibility to protect the health of employees and others associated to their activities. This is usually achieved by a fitness to work assessment, conducted by a doctor experienced in Occupational Health. This assessment is an essential part of health risk management: it enables health practitioner to establish whether an employee’s medical condition is likely to affect its fitness to work under certain conditions.

The starting point for evaluating the need for and the content of fitness to work assessments is the Health Risk Assessment (HRA) process, which systematically identifies, assesses and controls any risks to health. As a result of the HRA, it will become apparent whether health parameters associated with an employee (e.g. medical disorders, diseases, or physical fitness) pose a health or safety risk that is deemed unacceptable. If so, medical screening to exclude certain employees because of a particular health parameter (through a fitness to work assessment) may be necessary.

In addition, in certain locations (e.g. offshore, remote sites) the medical emergency response may be inadequate as there could be unacceptable delays in reaching an appropriate level of medical care. In these instances, medical screening to reduce the probability of a medical emergency requiring medical evacuation may be appropriate.

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## 2 SUMMARY

- **Objectives:**

This Fitness To Work (FTW) process applies to the three Subsidiaries (NAOC, AENR and NAE) and contractors' activities for which FTW controls are essential to enable the significant risks to be managed.

The FTW process is not intended to cover all the jobs in the full range of Companies and contractors' activities, but it shall be applied to specific work and working conditions, i.e. a combination of work and working conditions for which there are critical occupational health and safety requirements.

The management of drugs, alcohol and medication use is excluded from this process, because it is covered by the existing Human Resources (HR) work processes.




Ideally, fitness to work assessments should adhere to the following criteria:

- use appropriate methods to detect relevant health problems which may impact on future work;
- be performed by a competent, employer designated, health professional in approved facilities;
- maintain employee confidentiality;
- comply with local government and industry standards;
- identify health trends and determine employer health programs;
- maintain cost-effectiveness;
- be acceptable to the individual.

The content and frequency of the fitness to work assessment is based on the health risks associated with the work and living environment, and risk factors in the population and individuals.




Following is a listing of the fitness to work examinations which have been assessed as being necessary to assist in controlling health and safety risks to acceptable levels:

1. Fitness to work Assessments Applicable to All Employees:
  - Pre-employment.

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2. Fitness to work Examinations Applicable to Selected Employees:

- Offshore workers,
  - Remote site workers (e.g. employees working at flow stations),
  - Firefighters, Emergency Response Workers,
  - Crane Operators,
  - Drivers, Plant Operators,
  - Divers,
  - Helicopter Pilots,
  - Marine Pilots (Seafarers),
  - Catering Staff.
- **Application context: all NAOC, AENR & NAE's workplaces.**

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### 3 RESPONSIBILITIES

According to the professional code of ethics, to the applicable laws and to Eni E&P Division policy, all medical, nursing and record keeping personnel are forbidden to:

- reveal to a third party or comment publicly any information inherent to a single clinical case, persons under treatment and health condition of any person that enters the Clinic;
- Issue prescriptions, declarations or certificates that are not under their direct responsibility, without written authorization from the Chief Industrial Doctor (CID);
- use Company letterheads, stamps and business-cards without authorization of CID;
- modify the rules established by the NAOC, AENR and NAE management.




#### 3.1 MANAGING DIRECTOR (MD) / GENERAL MANAGER DISTRICT (GMD) / GENERAL MANAGER (GM)

The MD/GMD/GM:

- establish the Companies occupational health policy and objectives;
- ensure the organisation needed to implement the policy is established;
- ensure the allocation of the resources required, the monitoring of the performance and the training of the occupational health staff.

#### 3.2 CHIEF INDUSTRIAL DOCTOR (CID) / SENIOR INDUSTRIAL DOCTOR (SID)

The CID shall have overall responsibility for ensuring that the FTW Medical Examinations procedure in place within the three Subsidiaries in Nigeria, meets the requirements of Nigerian and International Occupational Health Regulations and is correctly implemented. In the absence of the CID all duties and responsibilities are transferred to SID.

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It is the responsibility of the Medical Department to perform high quality medical examinations and to provide appropriate feedback to individual and management.

### 3.3 RECORDS OFFICER

The Records Officer shall ensure that files with records about all Medical Fitness Examinations and results remain confidential.

The Records Officer shall prepare monthly reports that include:

- Total number of Medical Fitness Examinations (type) with results for the previous month.
- Complete list of personnel scheduled to be checked during the next month. This list shall be provided at least 5 days before the end of the month and personnel shall be informed at least 7 days before scheduled Medical Fitness Examination. The Records Officer is in charge of ensuring that personnel are informed about schedule.

The form for monthly/yearly reports is in Appendix E.

### 3.4 PUBLIC HEALTH OFFICER




The Public Health Officer is the designated person in charge of implementing the Vaccination plan and maintaining the Vaccination Record Book. The Public Health Officer is the one whose duty is to verify Epidemiological requirements for medical examinations and vaccinations and to provide results of constant monitoring of national health situation.

The Public Health Officer shall be responsible for keeping data base of certificates, vaccination records and examination results for Catering personnel (food handlers) up-to-date.

The Public Health Officer shall:

- ensure that catering personnel comply with the NAOC, AENR and NAE Catering surveillance plan;
- liaise with local authorities to obtain updated regulations and epidemiological data;



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- ensure that required vaccines are present in the Clinics within Eni Nigerian Subsidiaries in sufficient quantity.

### **3.5 HUMAN RESOURCES DEPARTMENT**

The Human Resources department shall:

- Regularly (typically yearly) provide an updated list of Eni Subsidiaries personnel (full name, date of birth, address, occupation, working location) to the NAOC Clinic.
- Provide Job description details especially for the personnel likely exposed to risk.
- Inform NAOC, AENR, NAE and Contracting personnel about requirements for FTW Examinations.
- Inform the Clinic about requests for Ad hoc examinations.
- Establish the organisation needed to implement the occupational health policy.
- Allocate the resources required, monitor the performance and the training of the occupational health staff.
- Address the reintegration of such employee into proper job position (as a member of Rehabilitation Committee described in section 6).




It is HR responsibility to identify workers who are covered by the FTW policy and to schedule periodic medical examinations.

It is the worker's responsibility to comply with the Policy and programme by attending these appointments.

### **3.6 HEALTH, SAFETY AND ENVIRONMENT (HSE) DIVISION**




The HSE Division supports MD/GMD/GM to:

- establish the Companies occupational health policy and objectives;
- monitor occupational health system performance.

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The HSE Division supports CID to:

- evaluate reintegration of employees excluded from their job for health reasons, into proper job position (as a member of Rehabilitation Committee described in section 6).

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## 4 FITNESS TO WORK ASSESSMENTS APPLICABLE TO ALL EMPLOYEES

### 4.1 PRE-EMPLOYMENT

Pre-employment standards for medical examination shall be appropriate to the actual, or foreseeable future, risks from the employment.




All employees and contractors require a pre-employment medical examination **before** commencing work.

#### **Content:**

Each individual shall complete a health questionnaire.

The health evaluation shall typically include:

- administrative information (name, address, date of birth, department, occupation);
- medical information:
  1. past medical history,
  2. occupational history,
  3. family medical history,
  4. current medical complaints,
  5. known allergies,
  6. current medications taken,
  7. immunizations received (type, date of booster),
  8. lifestyle (smoking, alcohol intake, exercise);
- clinical examination:
  1. height/weight – Body Mass Index,
  2. blood pressure,
  3. pulse,
  4. visual acuity (distance, near), colour vision,
  5. urine analysis (protein, glucose, blood),
  6. interview and physical examination by the physician,

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7. Chest X Ray/Spirometry,
8. ECG,
9. Blood Analysis (see Appendix).

**Criteria:**

Relevant fitness criteria shall apply for employees in occupational groups covered in this guide. For other employees (e.g. office based employees), the criteria will be determined on a case by case basis and following advice from the CID.

Specific additional tests and examinations may be carried out according to job risk: eg Audiogram (for those exposed to noise), lung function test (for those wearing breathing apparatus), antibodies to hepatitis surface antigen (for health care workers), stool culture/microscopy and throat/nasal swab (for food handlers).

## 4.2 PRE-PLACEMENT AND PRE-ASSIGNMENT EXAMINATIONS

### Pre-placement examinations




Pre-placement examinations shall be performed on employees who are transferred to another job with a different risk profile during the course of their employment.

### Pre-assignment examinations

Pre-assignment examinations apply to staff that are transferred to an operational area outside their own country.

Fitness criteria and examination protocol apply as described under pre-employment medical examinations. In addition, confirmation should be obtained that the employee is physically/mentally fit to cope with environmental hazards in the country of operation and that, in case the employee has a medical condition or is on medication, adequate medical care is available.

Decisions on fitness for transfer are made by the CID. Pre-assignment medical examinations apply to employees and accompanying family. The NAOC medical department will ensure that medical records are transferred

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to the medical department of the destination company.

#### **4.3 POST-SICKNESS OR POST-LOST TIME INJURY MEDICAL EXAMINATIONS**

The employee's fitness shall be re-assessed on resumption of work after a prolonged absence for medical reasons due to disease or injury. This is particularly important for employees whose unfitness represents a HSE risk. New Medical Certificates shall be issued, with validity not longer than the previous one, if a complete Medical Examination has not been done.

'Prolonged absence' in case of illness is defined as 10 working days; although the reason for absence will be considered (e.g. seizures in crane operators; diarrhoea in food handlers).

Any Company or contractor employees that have been off work because of lost time injury, on restricted duty, admitted to hospital for any reason, or on maternity leave, shall obtain medical clearance to resume their normal duties.




Employees returning from sick leave shall submit to the NAOC Clinic a written statement on the duration and nature of their illness, plus medical certificate from examining physician, if not treated in NAOC Clinic.

#### **4.4 EXAMINATION ON TERMINATION OF EMPLOYMENT**

There is a need to examine the employee on termination of employment (e.g. retirement) or when the employee is permanently removed from a position that has a potential health risk. In these cases, HR Division will arrange for the visit.




These examinations will confirm the absence or the presence and degree of health changes in relation to his/her work.

The NAOC Clinic Record Office shall keep examination reports and previous medical records for 30 years as per industry standards.

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#### 4.5 AD HOC EXAMINATIONS

Ad hoc examinations at the request of either the manager/supervisor or the employee shall be accommodated, if there is suspicion of a work related condition. Request for this examination shall be made in written form, through HR department, with explanation of the reason.

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## 5 FITNESS TO WORK EXAMINATIONS APPLICABLE TO SELECTED EMPLOYEES

### 5.1 OFFSHORE WORKERS

The offshore worksite is remote and isolated from expert medical assistance. Adverse weather can cause long delays in a medical evacuation and thereby exacerbate a minor medical problem.

In the medical assessment, the examining doctor is responsible for carefully assessing the physical and mental health of offshore employees, with particular regard to the unique nature of the offshore workplace. The specific aims are:

- to ensure the designated offshore personnel are medically fit to work at an isolated location;
- to anticipate and, where possible, prevent the avoidable occurrence of ill-health offshore which could place the individuals, their colleagues and the emergency rescue services, at undue risk;
- to provide general occupational health surveillance.

These requirements apply to all employees who spend a cumulative of 14 days offshore per 12 months or who make more than 4 offshore return flights on a helicopter per 12 months. Relevant Division/Department will timely inform CID in order to schedule the activity.

#### **Frequency:**

- Annually




#### **Content:**

As per pre-employment examination. In addition;

- Audiometry.

#### **Criteria:**

Guidelines for Medical Aspects of Fitness for Offshore Work as published by the (UKOOA UK Offshore Operators Association).

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## 5.2 REMOTE SITE WORKERS (FLOW STATIONS)

The rationale for this fitness to work assessment is similar to that of offshore workers and is described in detail in the E&P Forum guide; “Health Management Guide for Remote Land based Geophysical Operations.”

Work-sites such as flow stations are remote and distant from expert medical assistance, and there is a significant risk of delay in accessing appropriate medical care (a facility that can treat time critical conditions that are life threatening). In addition, the working environment for employees at these sites (physical exertion, shift-work, long hours, heat exposure) means that a higher level of fitness is required.

Hence, because of their remoteness from high quality medical care and the difficult occupational and environmental conditions, flow stations can be considered as high-risk locations that require specific programs to manage the risk. Such programs include ensuring employees attain a higher medical fitness standards as described in “Health Management Guide for Remote Land based Geophysical Operations”. These medical fitness standards are based on the UKOOA standards.

These requirements apply to all employees who spend a cumulative of 14 working days at flow stations per 12 months.

### **Frequency:**

- Annually

### **Content:**

As per offshore workers.




### **Criteria:**

Based upon “Health Management Guide for Remote Land based Geophysical Operations” (OGP/E&P Forum) and Guidelines for Medical Aspects of Fitness for Offshore Work as published by the UK Offshore Operators Association (UKOOA).

The final determination of fitness will reside with the CID and will depend upon:

- The location of the individual’s operating site and the medical services available.



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- Prognosis of a recognized medical condition and effectiveness of its treatment or potential side effects of treatment.
- The job requirements specific to the individual.
- Adverse effects of the remote environment, climate, atmosphere etc.
- The availability of specialized medical support.
- Age should not be a barrier to fitness to work, but shall be taken into account carefully, with all the other findings of the assessments. The minimum acceptable age is 18 years.

### 5.3 **FIREFIGHTERS, EMERGENCY RESPONSE WORKERS**

In undertaking their duties in the control and extinction of fires and the search for and evacuation of casualties, firefighters and emergency response workers are subject to physiological extremes. This arises from the need to wear breathing apparatus often for prolonged periods, and in areas of possible toxic gas or fumes, and be exposed to high levels of heat and humidity while frequently working at maximum levels of exertion.

In addition, they will be required to wear protective equipment, often of a heavy and occlusive nature. High levels of physiological stress are likely to be associated with such activity. Hence, these individuals shall be subject to a higher standard of fitness.

**Frequency:**

- Annually




**Content:**

As per offshore workers. In addition:

- Fitness testing (e.g. Chester step test or equivalent to assess VO2 max).

**Criteria:**

Guidelines for Medical Aspects of Fitness for Offshore Work published by the UK Offshore Operators Association. (Incorporating Group 1,2 Fire Responder and Rescuer standards).

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## 5.4 CRANE OPERATORS

As crane operators have such a safety critical role, the strictest adherence to these fitness guidelines shall be maintained. In general the medical examination will be identical to the offshore examination, with a more extensive visual examination.

### Frequency:

- Annually

### Content:

As per pre-employment examination. In addition;

- Stereoscopic vision.
- Audiometry.




### Criteria:

Guidelines for Medical Aspects of Fitness for Offshore Work as published by the UK Offshore Operators Association (UKOOA). Special attention shall be paid to the following:

- Visual acuity:
  - uncorrected: a minimum of 6/12, distant vision, both eyes,
  - corrected: a minimum of 6/9, both eyes.
- Visual fields.
- Stereoscopic vision.
- Colour vision.
- Unrestricted mobility.
- Full co-ordination.

## 5.5 DRIVERS, PLANT OPERATORS

All drivers of commercial vehicles (large lorries, buses, taxis, company cars) on company business shall satisfy a higher level of fitness. Such a standard is the Class 2 entitlement as found in the “Medical Standards for Fitness to Drive” as published by the UK Drivers Vehicle Licensing Agency.

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**Frequency:**

- Annually

**Content:**

As per offshore workers.

**Criteria:**

Suitable commercial driver standard (e.g. “Medical Standards for Fitness to Drive” as published by the UK Drivers Vehicle Licensing Agency). Special attention shall be paid to the following:

- Visual acuity:
- Visual fields.
- Colour vision.

## 5.6 DIVERS




Assessment shall be according to and accredited by a recognised industry standard (e.g. US OSHA, UK H&SE) and performed by a physician certified to perform these assessments.

## 5.7 AIRCRAFT PILOTS

Assessment shall be according to and accredited by a recognised international aviation medical standard (e.g. UK Civil Aviation Authority) and conducted by a physician certified to perform these assessments.

## 5.8 MARINE PILOTS (SEAFARERS)

Assessment shall be according to and accredited by a recognised international marine pilot medical standard (e.g. UK Maritime and Coastguard Agency - MCA) and conducted by a physician certified to perform these assessments.

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## 5.9 CATERING STAFF

Catering assessments shall be performed on an annual basis for any food-handling employee. In addition, any food handlers with any medical problems, especially those relating to potential communicable disease (such as gastrointestinal disease) shall be referred for medical assessment.

### **Frequency:**

Annual or as directed by the CID.

### **Content:**

- Clinical examination with focus on potential communicable disease sites, e.g. skin, ears, upper respiratory tract and gastrointestinal tract.
- Vaccination validity - Diphtheria, Tetanus, Hepatitis A & B, Typhoid fever.
- Laboratory examination of at least one, preferably three, faecal specimens, for the presence of the enteric pathogenic organisms or parasites (stool culture/microscopy) and Widal test.
- Laboratory examination of throat and nose swabs for isolation of streptococci.
- Chest X ray (annually).




Additional investigations will be required in the following circumstances:

- Symptomatic or suspected gastrointestinal disease;
- Close contact with an individual known to be suffering from gastroenteritis;
- Upon return from a visit to an area with known high endemic incidence of gastrointestinal disease.




In these circumstances a stool sample shall be submitted with immediate cessation of all food handling duties until a clear result is obtained.

Medical examinations can only be arranged in external clinics if prior approval has been obtained from the CID. The complete results of examination and not only certificate, shall be submitted to the NAOC Clinic Public Health Office by Catering Manager, as per contract. Appendix D shows present contractual and NAOC requirements.

The medical file, with updated medical certificates and record of compulsory vaccination for food handlers, that include Typhoid fever, Hepatitis A and B,

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Diphtheria and Tetanus, for complete catering personnel shall be available on site.




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## 6 MEDICAL UNFITNESS

The final decision regarding medical fitness resides with the CID. Proper feedback about medical fitness examinations results shall be provided to the HR Division.

An employee shall be informed and counselled if, as result of the Fitness to Work examination, there is a need to exclude him/her, temporarily or permanently, from further exposure to the particular hazard.

The employee shall be advised in writing and the physician's opinion and advice and the action taken by the Company shall be documented in his/her medical records. The Company shall make every endeavour to reintegrate employees, who are excluded from their job for health reasons, in the work process. Reintegration shall be addressed by a Rehabilitation Committee consisting typically of department heads, HR representatives HSE Division representative(s) and the physician delegated from NAOC Clinic.

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## 7 MEDICAL EXAMINATIONS FOR CONTRACTORS' EMPLOYEES

Contractors supplying services to Eni Subsidiaries in Nigeria shall provide the required medical fitness examinations and certificates (work fitness certificate, duty fitness certificate). It is the responsibility of the Contractor that their personnel have valid medical certificates.

The CID reserves the right to review any medical examinations and certificates provided by outside doctors or clinics.




The CID will produce a list of authorized clinics and doctors, and contractors will be required to use these clinics for their medical examinations.

Examining doctors shall use the official NAOC medical examination form (Appendix B) and issue a medical certificate on the approved NAOC medical certificate. The examining doctor shall send a copy of all completed medical examination forms to the Chief Industrial Doctor.

All certification shall be issued on the basis of the examinations specified by the current laws concerning work health and safety enforced by Eni Companies in Nigeria. It shall also state openly that the worker is fit, from a medical standpoint, for the duties he shall perform as well as for the geographical areas where he shall work.

The Contractor shall hand the certificate to the Doctor / Nurse at one of the Eni Nigerian Subsidiaries' Clinics, including offshore units, where he shall operate, before starting the working activities.

All these requirements shall be included in each contract for example through relevant HSE Management Specifications (see Appendix A for list of such Specifications).

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## 8 MEDICAL CERTIFICATES

The Medical Fitness Certificate Form 2 (Appendix C) shall be issued to employee after complete set of required medical examinations has been done, according to the protocol and Medical Examination Form 1. Examined persons shall sign both forms in the presence of examining Physician. Workers who receive medical examinations shall be informed of any health risk identified on examination.

If job related health effects are found, which may have implications for a review of risk controls, the Physician shall have written permission of the employee to discuss his findings with the manager or other involved supervising person. Individual medical information shall not be passed on to Management, unless there is written consent of the individual concerned.

### 8.1 MEDICAL EXAMINATION FORM 1

This form is to define the general criteria applied to all examined personnel in order to define protocol for standardized examination, according to the requirements of this procedure. This form remains in possession of NAOC Clinic and it cannot be issued to any third party without written consent of the individual concerned.




### 8.2 MEDICAL CERTIFICATE FORM 2 (2A – FOR FOOD HANDLERS)

The scope of this form is to certify fitness to work in determined environment and in position stated on the certificate. This form is issued to employee and one (1) copy shall be provided to HR department. The conclusion of complete medical examination shall be expressed as “Fit”, “Not Fit” or “Pending”. In case of classification “Not Fit” examined person shall not assume duty. In case of classification “Pending”, examined person shall not assume duty till new certificate with classification “Fit” has been issued.




Classification “Pending” shall be used:

- when additional examinations are required (example: result of blood analyses out of range);



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- in case of temporary disability due to acute condition with good prognoses (example: acute respiratory infection);
- when chronic condition requires medical correction or medication to allow employee to perform duty (example: diabetes, hypertension).

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## 9 PREVENTION AND PROPHYLAXIS

Preventive measures, due to existing biological hazards, include compulsory vaccinations in catering personnel, health care workers, sewage workers, first aid personnel or recommended and suggested vaccination in transferees, business travellers and all other personnel and their family members. Preventive measures, according to risk assessment, consist of wearing proper PPE for specific job, work and shift rotation, planning and creating of healthy work environment as far as site circumstances allow it.

### 9.1 VACCINATION

The Chief Industrial Doctor shall be responsible for the definition of vaccination programmes and for applying prophylactic measures, according to the specific health risks that personnel may encounter whilst operating for long or short periods in Nigeria. Vaccination Program is based on recommendation of NAOC Public Health Office.




Vaccinations that are performed are divided into compulsory, suggested and recommended. Distribution of vaccine between these 3 groups can be changed according to changes of international and local regulations, and according to Public Health Office recommendation.

### 9.2 COMPULSORY VACCINATIONS

Vaccinations required in order to enter certain geographic areas or to obtain visas in certain Countries. These vaccinations are usually performed by the National Health Authorities or prescribed authorities.

For some categories of employee, due to higher health risk, compulsory vaccination includes Hepatitis A and B, Typhoid fever, Tetanus and Diphtheria. These employees are catering personnel (food handlers), health care workers, sewage workers, first aid personnel.

Vaccinations prescribed by the laws in force in each employee's country of origin, and usually performed during childhood are excluded from the compulsory vaccinations programme.

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For expatriates, vaccinations, or at least the first phase, shall be performed within a specified time before arrival in Nigeria. The NAOC Public Health Office has the main role of carrying out a vaccination schedule.




The Public Health Office will verify that vaccinations are administered with the correct intervals and on the due dates. All data relating to performed vaccinations, both, by NAOC/AENR and NAE's medical personnel or by a third party, shall be regularly and correctly updated in the NAOC Public Health Vaccination Record Book.

### 9.3 CHEMOPROPHYLAXIS

Arriving personnel, even for short periods, shall be advised to take medication for prevention of certain tropical diseases, for example, malaria. The same is valid for pregnant women.




The efficacy of chemoprophylaxis is reliant on a correct medication administration.

The personnel concerned, therefore, shall strictly adhere to the prescription of NAOC, AENR and NAE's medical and nursing personnel. Any costs sustained by the employee for chemoprophylaxis are reimbursable according to NAOC, AENR and NAE's procedures.

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## 10 RECORDS

The Record Office in NAOC Clinic shall keep Record Book (electronically, plus hard copy) of all Medical Fitness Examinations for 30 years as per standards.

 <b>Naoc</b>	 <b>Aenr</b>	 <b>Nae</b>	Doc. No. DHSE-HEA-P01	Date 18/04/05	Rev. 00	sh. of 29 29
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## APPENDIX


### Appendix A. REFERENCE DOCUMENTS

The procedure makes reference to the following documents:

- ENI Group Guidelines;
- *“Organizzazione del Sistema di Gestione Integrato Salute, Sicurezza e Incolumita’ Pubblica”*, Eni – E&P Division Doc. no. 1.3.0.01;
- OGP/E&P Forum Guidelines for HMS;
- Best practice and industrial guidelines, in particular those of the major Oil & Gas companies.
- *“Guidelines on Occupational Health Management and Medical Support”*, Eni E&P - Division Document no. 1.3.2.6;
- *“Framework Procedures for the Development of an Occupational Health and Medical Support Programme”*, Eni-E&P Division Doc. no. 1.3.2.7;
- *“Operating Procedures for Medical Emergency Evacuation”*, Eni E&P Division Document no. 1.3.2.8;
- *“Management Specification for EPC/EPIC Contracts”* Doc. no. DHSE-INT-S02;
- *“Management Specification for Supply Contracts For Strategic Goods”* Doc. no. DHSE-INT-S03.
- *“Management Specification for Strategic Service Contracts”* Doc. no. DHSE-INT-S04;

## Appendix B. MEDICAL EXAMINATION FORM 1 (SEE SEPARATE DOCUMENT)

### MEDICAL EXAMINATION FORM 1 (see separate document) **Naoc**

**1. PERSONAL HISTORY** - Form 1 - Company: 

Name in full	<input type="text"/>	Date of Birth	<input type="text"/>	Sex	<input type="checkbox"/> M	<input type="checkbox"/> F
Occupation	<input type="text"/>	Badge No.	<input type="text"/>	Blood Group	<input type="checkbox"/>	Rh <input type="checkbox"/>

Please tick box <input type="checkbox"/>	Yes	No	Details if "yes" (including dates and duration and any other relevant information)	
1. a) Are you at present under medical care or receiving treatment?	<input type="checkbox"/>	<input type="checkbox"/>		
b) Are you currently taking medication, prescribed or not, having injection, using an inhaler or have you recently done so, or are you on a special diet?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2. Have you ever suffered from:</b>				
a) Fits, fainting, giddiness or any mental or nervous disorder?	<input type="checkbox"/>	<input type="checkbox"/>		
b) Asthma, bronchitis, pneumonia or any other lung disorder?	<input type="checkbox"/>	<input type="checkbox"/>		
c) Rheumatism, rheumatic fever, arthritis or any other disorder of joints and muscle?	<input type="checkbox"/>	<input type="checkbox"/>		
d) Chest pain, shortness of breath, palpitation, high blood pressure or other disorders of the heart or circulation?	<input type="checkbox"/>	<input type="checkbox"/>		
e) Indigestion, peptic ulcer, diarrhoea, constipation or any intestinal complaint, hepatitis or other liver disorders, diabetes	<input type="checkbox"/>	<input type="checkbox"/>		
f) Kidney, bladder or other genito-urinary disorders?	<input type="checkbox"/>	<input type="checkbox"/>		
g) Any injury, operation, physical defect or deformity?	<input type="checkbox"/>	<input type="checkbox"/>		
h) Any other illness not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>		
3. a) Have you ever been a patient at a hospital, nursing home or special clinic?	<input type="checkbox"/>	<input type="checkbox"/>		
b) Have you ever had any medical investigation carried out?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Have you ever had any form of sexually transmitted disease or is there anything about your lifestyle which could expose you to the risk of AIDS or AIDS related condition?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Female only: Have you ever had any gynaecological or obstetric problems?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Have you ever taken drugs other than prescribed by any doctor?	<input type="checkbox"/>	<input type="checkbox"/>		
7. a) Non-smoker: Have you smoked in the past?	<input type="checkbox"/>	<input type="checkbox"/>		
b) Smokers: How much do you smoke per day?	<input type="checkbox"/>	<input type="checkbox"/>		
c) What is the average daily consumption of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>		
				Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes <input type="checkbox"/> Number smoked <input type="checkbox"/>

### 2. FAMILY MEDICAL HISTORY

	If living, age	State of health	If dead, age at death	Cause of death
Father				
Mother				
Brother / Sister				
Brother / Sister				
Brother / Sister				

I declare to the best of my knowledge and belief the answers to the above questions are true and complete. I confirm that I have checked and found correct any answers that are not in my handwriting. I grant permission to take samples of blood, saliva and/or urine in connection with this examination. I understand that this statement will be forwarded to the Company's Medical Department.

**Applicant's Signature**  
(to be signed in the presence of Medical Examiner)

**DATE** .....



### 3. SUMMARY OF MEDICAL HISTORY OF MR./MRS.

Has the applicant ever had or has now any of the following? If yes, give details in the summary description.

Please, tick box, whether normal or not		Yes	No		Yes	No
1. Ear infection / Sinusitis / Vertigo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Endocrine disorder	<input type="checkbox"/>	<input type="checkbox"/>
2. Nose, mouth or throat trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Hernia / Hydrocele / Piles / Fissures	<input type="checkbox"/>	<input type="checkbox"/>
3. Color blindness / Loss of vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Fistula / Appendicitis / Varicocele	<input type="checkbox"/>	<input type="checkbox"/>
4. Frequent headaches / Fainting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Malaria / Tropical Disease	<input type="checkbox"/>	<input type="checkbox"/>
5. Epilepsy / Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Skin disease	<input type="checkbox"/>	<input type="checkbox"/>
6. Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Cancer or tumor	<input type="checkbox"/>	<input type="checkbox"/>
7. Diabetes mellitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Allergy to foods / drugs	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

### 4. MEDICAL EXAMINER'S REPORT

If you answer Yes to any of the following questions, please give full details with any ascertainable cause as applicable

Please tick box <input type="checkbox"/>	Yes	No	Details if "yes"
<b>8. Measurement &amp; Physical Description</b>			
a) Measurements (to be taken in indoor clothing)	<input type="checkbox"/>	<input type="checkbox"/>	Height: cm:                      Weight: Kgs:
b) Please describe general appearance and build:	<input type="checkbox"/>	<input type="checkbox"/>	BMI:
c) Are there any signs of past or present over-indulgence in alcohol, tobacco, or irregular lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	
d) Is there any enlargement of lymph nodes or thyroid gland?	<input type="checkbox"/>	<input type="checkbox"/>	
e) Are there any scars of material significance?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>9. Cardio-vascular System &amp; Blood pressure</b>			
a) Does the heart appear to be enlarged? If "yes", do you consider this to be slight, moderate or marked?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Is there any irregularity of rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Is there any abnormality in the arterial pulse?	<input type="checkbox"/>	<input type="checkbox"/>	
d) Are there any varicose veins?	<input type="checkbox"/>	<input type="checkbox"/>	
e) Blood Pressure: (please record opposite)	<input type="checkbox"/>	<input type="checkbox"/>	Systolic / Diastolic:                      Pulse Rate:
<b>10. Respiratory System</b>			
a) Is there any abnormality in the shape and development of the chest?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Are there any abnormal physical signs in the lungs?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>11. Genito / Urinary &amp; Digestive System</b>			
a) Is the urine test abnormal?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Is there any abnormal tenderness, enlargement or other palpable abnormality in abdomen?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Is a hernia present	<input type="checkbox"/>	<input type="checkbox"/>	
<b>12. Nervous System</b>			
a) Is there any sign of disease in the central nervous system?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Is there anything to suggest a tendency to psychiatric disorder?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>13. Sense Organs</b>			
a) Is there any affection of the eyes, ears, nose or tongue	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Vision</b>	<b>Far Vision</b>	<b>Near Vision</b>	<b>Color Vision</b>
Uncorrected	OD ..... OS .....	OD ..... OS .....	Adequate
Corrected	OD ..... OS .....	OD ..... OS .....	Defective

Remarks:

## 5. EXAMINATION RESULTS AND REPORT



### X-Ray, ECG, Audiogram and Blood Urine Laboratory Examination Report

All examination results are to be attached. Please, indicate your remarks in case of abnormal results

1. Chest X-Ray Report					
1a Spirometry					
2. ECG Report					
3. Audiogram Report					
4. Blood Examination Report (Please, attach the results of the following examinations or indicate here below the results):					
1) Haemoglobin	9) Basophils	17) Blood Urea			
2) RBC	10) MCV (**)	18) Cholesterol			
3) ESR	11) MCM (**)	19) Total Bilirubine			
4) WBC	12) MCHC (**)	20) Direct Bilirubine			
5) Neutrophils	13) Platelet	21) Alkaline Phosphatase			
6) Lymphocytes	14) Reticulocyte (**)	22) AST (SGOT)			
7) Monocytes	15) Hematocrit	23) ALT (SGPT)			
8) Eosinophils	16) Glycemia	24) Gamma GT			
5. Urine Examination Report					
6. Drugs, alcohol screening test Report					
7. <input type="checkbox"/> HIV Test (**)	Hep. A <input type="checkbox"/>				
8. <input type="checkbox"/> Tine (Tuberculin test) (**)					
9. <input type="checkbox"/> HbsAg	HBsAb <input type="checkbox"/>	HBcAb <input type="checkbox"/>	HBeAg <input type="checkbox"/>	HbeAb <input type="checkbox"/>	
10. <input type="checkbox"/> TPHA					
11. <input type="checkbox"/> Stool examination (**)	Widal** <input type="checkbox"/>				
12. <input type="checkbox"/> Pharyngeal plug test (**)					

(\*\*) Only if required

## 6. OVERALL SUMMARY, ASSESSMENT AND RECOMMENDATIONS

The present Medical Certificate is valid until: .....

I have examined Mr./Mrs. .... and found him/her (tick the box)

FIT for duty  NOT FIT for duty  Pending

Examining Doctor's Signature

Date:

(Stamp, Signature, Name of the Physician)

.....



Appendix C. MEDICAL CERTIFICATE FORM 2 AND 2A

**MEDICAL CERTIFICATE FORM 2 AND 2a**



**Naoc** STAFF CLINIC, Port Harcourt, Nigeria  
**HEALTH CERTIFICATE**

<b>Date of birth</b> .....	<b>Surname and Name</b> .....	<b>Position/Dep.</b> .....
-------------------------------	----------------------------------	-------------------------------

Date of medical examination:

.....

The health Certificate is valid till:

.....

**Employees signature - in doctor's presence**

.....

On the basis of the personal health statement, examination and evaluation relating to the Naoc - Agip standard, a health certificate is issued.

**FIT      NOT FIT      PENDING**

**Result:** .....USE CIRCLE TO MARK THE RESULT.....

*Limitations*.....

.....

I declare that I am familiar with the contents of the Naoc-Agip standard, and have carried out an evaluation of the person's health in accordance with the requirements and purpose of the regulations.

**Doctor's name and signature:**

.....

 **Naoc** STAFF CLINIC, Port Harcourt, Nigeria  
**HEALTH CERTIFICATE - for food handlers**

<b>Date of birth</b> .....	<b>Surname and Name</b> .....	<b>Position/Dep.</b> .....
-------------------------------	----------------------------------	-------------------------------

Date of medical examination:

.....

The health Certificate is valid till:

.....

Employees signature - in doctor's presence

.....

On the basis of the personal health statement, examination and evaluation relating to the Naoc - Agip standard, a health certificate is issued.

FIT      NOT FIT      PENDING

**Result:** .....USE CIRCLE TO MARK THE RESULT.....

**Limitations**.....

.....

I declare that I am familiar with the contents of the Naoc-Agip standard, and have carried out an evaluation of the person's health in accordance with the requirements and purpose of the regulations.


**Doctor's name and signature:**

.....

#### Appendix D. CATERING HEALTH SURVEILLANCE

EXAMINATION	CONTRACTUAL REQUIREMENTS (6 months)	NAOC Clinic – Public Health REQUIREMENTS (1 year)
General medical assessment (skin)		x
Standard tests (weight, height etc)		x
Urinalysis	x	x
Blood test (FBC, ESR etc)		x
Widal screening / Mabtoux test	x	x
Chest x-ray	x	x
Lung function (x ray, vitalograph)		x
Cardiac function (ECG)		x
Eyesight, Hearing (audiometry)		x
Sputum AFB	x	Based on other tests
Throat and nose swabs		x
Stool microscopy and culture	x	x

### Appendix E. (MONTHLY/YEARLY) RECORD OFFICE REPORT

 <b>Naoc</b>	NAOC Staff Clinic	Year:	
		Month:	
<b>Record Office - Occupational Health Report</b>			
<b>Total workforce</b>		<b>Total dependants:</b>	
<b>Medical Fitness Examination during the month of:</b>			
<b>Type of examination</b>	<b>FIT</b>	<b>NOT FIT</b>	<b>PENDING</b>
Pre-employment medical examination			
Pre-placement medical examination			
Periodic medical examination			
Risk based medical examination			
Post-sickness medical examination			
Post-lost time injury med.examination			
Medical examination on empl.termination			
Ad-hoc medical examination			
Medical examinations for contractors			
			<b>TOTAL</b>
<b>VACCINATION</b>		<b>TOTAL</b>	
	Tetanus		
	Typhoid fever		
	Hepatitis A		
	Hepatitis B		
	Diphtheria		
	Meningitis		
	Yellow fever		
	Other		
<b>Total</b>			
<b>New reported cases</b>		<b>Lost days</b>	
Occupational disease			
Occupational injury			
<b>Pending cases</b>		<b>Lost days</b>	
Occupational disease			
Occupational injury			
<b>Expected medical examination for the month of:</b>			
<b>Type of examination</b>	<b>TOTAL</b>	<b>%</b>	
Pre-employment medical examination			
Pre-placement medical examination			
Periodic medical examination			
Risk based medical examination			
Post-sickness medical examination			
Post-lost time injury med.examination			
Medical examination on empl.termination			
Ad-hoc medical examination			
Medical examinations for contractors			
<b>TOTAL</b>			