



CANADIAN ASSOCIATION
OF PETROLEUM PRODUCERS

GUIDE

Atlantic Canada Medical Assessment for Fitness to Work Offshore

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Overview

It is a requirement within the Atlantic Canada offshore petroleum industry that all individuals employed at offshore installations undergo an evaluation of their medical fitness prior to basic survival training, travelling offshore and periodically throughout the duration of their employment on an offshore installation.

This Guide outlines the industry best practices for the evaluation of medical fitness and provides a protocol for examining physicians to assess fitness to work in an offshore environment.

This Guide is divided into sections and provides:

- Guidance for operators, employers, employees, and examining physicians in the assessment of medical fitness to work; including frequency of assessment; roles and responsibilities; and a description of the physical and mental demands of offshore training, travel, and work. (Sections 1 and 2)
- Information and forms for the examining physician, including employee information, declaration and consent form; health history form; physical examination and testing results form; compressed air screening questions; medical fitness opinion; offshore medical fitness certificate and clinical references (Sections 3, 5 and 6)
- Additional guidance for assessing individuals in specific employment groups (for example emergency response team members, and ‘vision critical’ positions). (Section 4)

Users of this Guide should first ensure compliance with the statutory requirements applicable to offshore installations. The expectations included in this Guide are not necessarily statutory in nature. Requirements relevant to seafarers and pilots, for example, are addressed via Transport Canada regulations. In addition, employers may have specific policies relating to medical fitness, such as those related to drugs and alcohol, which must be addressed.

Also note, Operators may require medical assessments be conducted by specific medical service providers.

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1 General Guidance

1.1 Introduction

In the Atlantic Canada offshore petroleum industry individuals are required to undergo an assessment of medical fitness prior to basic survival training, travelling to and working offshore. Medical recertification is also required periodically while employed at an offshore installation.

The elements required for successful evaluation of medical fitness to work offshore include:

1. A standardized medical protocol that uses the best combination of health history, physical examination, and testing to address the full scope of medical conditions that can impact an individual's medical fitness for offshore work.
2. An employee who provides an accurate health history during certifying medical fitness assessments; notifies their treating physician that they work offshore and if they hold a specialized position¹; and notifies their employer of any worsening or new medical conditions that could impact fitness for work offshore.
3. An examining physician who is competent in the assessment of medical fitness to work; is knowledgeable of the generic physical and mental demands of offshore work² and any specialized positions; and utilizes referenced clinical resources to assist in an individual determination of medical fitness.

1.2 Scope

This Atlantic Canada Medical Assessment for Fitness to Work Offshore is a guide for all offshore petroleum drilling and production facilities in the Atlantic Canada Offshore area. This Guide does not apply to other marine vessels.

1.3 Terms and Definitions

For the purpose of this document, the following terms and definitions apply:

| | |
|---|--|
| Atlantic Canada Offshore Petroleum Area | Refers to the combined offshore area regulated by the Canada-Nova Scotia Offshore Petroleum Board (link: CNSOPB) and the Canada-Newfoundland and Labrador Offshore Petroleum Board (link: C-NLOPB) |
|---|--|

| | |
|----------|---|
| Operator | A person or company who has applied for or has been issued a Work or Activity Authorization by either the Canada-Newfoundland and Labrador Offshore Petroleum Board or the Canada-Nova Scotia Offshore Petroleum Board. |
|----------|---|

¹ Refer to Section 1.7 for the definition of 'specialized position' as used within this Guide

² Refer to Section 2.0 Generic Demands of the Offshore Workplace

| | |
|---------------------|--|
| Examining Physician | <p>It is required that the examining physician be licensed to practice in at least one Canadian province or the equivalent from another country and completed the CAPP seminar for physicians administering offshore Atlantic Canada medicals on the use of compressed air in the Helicopter Underwater Escape Training (HUET).</p> <p>While not mandatory, it is recommended that the physician be competent in the assessment of medical fitness to work as demonstrated by one or more the following:</p> <ul style="list-style-type: none"> • Certification by the Canadian Board of Occupational Medicine. • Certification in Occupational Medicine by the Royal College of Physicians and Surgeons. • Certification by Transport Canada as a Marine or Aviation Medical Examiner. • Service as a physician with the Canadian Forces. • Other experience in the assessment of medical fitness for safety sensitive work; and/or • Equivalent certification, service, or experience in occupational medicine from other countries. |
| Treating Physician | <p>The individual's personal / treating / family physician differentiated from the examining physician (i.e. assesses / addresses medical conditions arising <i>between</i> certifying offshore examinations)</p> |

1.4 Roles and Responsibilities

Operator

- Develop and maintain processes and systems which addresses the requirements of this Guide and manages the risks related to medical fitness of employees.
- Ensure employees and contractors are aware of the requirements of this Guide and that contractors have processes in place for addressing the requirements of this Guide.
- Ensure information collected during the medical assessment is maintained in a private and confidential manner as per prevailing legislation / regulations (refer to Section 1.8 for further information).

Employer

- Develop and maintain processes and systems which addresses the requirements of this Guide and manages the risks related to medical fitness of employees.
- Ensure employees and contractors are aware of the requirements of this Guide and that contractors have processes in place for addressing the requirements of this Guide.

- Ensure that the examining physician is made aware of additional details and role specific demands of the position the employee holds, if any such detail is available³.
- Ensure information collected during the medical assessment is maintained in a private and confidential manner as per prevailing legislation / regulations (refer to Section 1.8 for further information).

Employee

- Provide a complete and accurate health history on certifying medical fitness assessments.
- Notify their treating and examining physicians that they work offshore and indicate if they hold a specialized position⁴.
- Notify their employer's occupational health advisor of worsening or new medical conditions that may impact medical fitness for work offshore.
- Comply with the operator's safety management system, policies and programs including any related to health management.

Examining Physician

- Review and address generic demands of offshore work and any specific considerations for specialized positions⁵ within medical assessments for fitness to work offshore; this could include job demands analysis if provided by the employer.
- Use referenced clinical resources⁶ in the evaluation of individual medical assessment of fitness for work offshore.
- Discuss with the individual the reasons a medical condition(s) may limit or restrict offshore training, travel or work.
- Ensure information collected during the medical assessment is maintained in a private and confidential manner as per prevailing legislation / regulations / professional codes of conduct.

1.5 Frequency of Medical Assessment

Every person is required to have an offshore medical assessment prior to employment offshore and at intervals not greater than 2 years thereafter. The examining physician may recommend increasing the frequency of periodic assessments if clinically indicated such as in those persons with chronic, but not disqualifying conditions. In some circumstances, specific vocational testing may be required, for example, depth perception.

³ This responsibility is specific to the case where an employer specifies, or has a service agreement, with an examining physician

⁴ Refer to Section 1.7 for the definition of specialized position as used within this Guide

⁵ Refer to Section 1.7 for the definition of specialized position as used within this Guide

⁶ Refer to Section 6 Clinical References

1.6 Offshore Visitors

Offshore visits planned to be of short duration have the potential to be extended due to weather or operational reasons. Thus, all visitors should have a medical assessment as per this Guide.

1.7 Specialized Positions

The following positions are identified as having additional medical assessment considerations:

- Emergency response team members (medical responder; fire fighter; confined space rescuer; high angle rescue team).
- Positions with special vision requirements (e.g. crane operators, signalmen, fork lift operators).

Section 4 provides additional role definition and guidance for the assessment of medical fitness for these specialized positions.

Information related to the training required by emergency response team members can be found in the Atlantic Canada Offshore Petroleum Industry: Standard Practice for the Training and Qualifications of Personnel <http://atlanticcanadaoffshore.ca/training/>

1.8 Confidentiality and Privacy

Operators, employers and examining physicians shall ensure that all personal health information collected, used and disclosed by their organization as part of the medical assessment process is maintained in a confidential manner as per governing legislation, regulation and professional codes of conduct.

1.9 Equivalency of Other Medicals

Determination of equivalency of medical assessments from other jurisdictions or regulatory authorities is left to the discretion of the Operator.

1.10 References

- Oil & Gas UK *Medical Aspects of Fitness for Work Offshore: Guidance for Examining Physicians*, Issue 6, March 2008.
- *Atlantic Canada Offshore Petroleum Industry: Standard Practice for the Training and Qualifications of Personnel* <http://atlanticcanadaoffshore.ca/training/>

2 Generic Demands of the Offshore Workplace

The unique demands of basic survival training, participation in and training for emergency response teams and the remote workplace must be carefully considered in the evaluation of medical fitness for training, travel and work offshore. The examining physician must therefore conduct the assessment in accordance with referenced medical guidelines⁷.

The following descriptors are a generic overview of physical and mental demands for training, travel and work offshore.

2.1 Offshore Basic Survival Training

All individuals who travel offshore must successfully complete a basic survival training course. The focus of survival training is to prepare individuals for emergency situations and provide familiarization with safety equipment and procedures on offshore installations and modes of travel (helicopter or boat). Survival training standards are outlined in the *Atlantic Canada Offshore Petroleum Industry: Standard Practice for the Training and Qualifications of Personnel* <http://atlanticcanadaoffshore.ca/training/> The following is an overview of the activities involved in basic survival training:

- Dexterity and physical strength to complete training tasks (such as climbing, donning and using personal protective equipment, such as full-body suits, and mobility for various exercises).
- Ability to use compressed air emergency breathing device underwater.
- Ability to tolerate confined space scenarios (such as a simulated helicopter fuselage and life raft/boat).
- Full body immersion and inversion in a pool while training in a helicopter underwater egress trainer (cold water immersion also occurs at sea for sea-survival exercises in unpredictable weather and sea conditions).

2.2 Helicopter and Vessel travel

Access to the offshore workplace is by two methods: helicopter and supply vessel/boat. Due to the unpredictable weather and sea conditions that are an inherent part of the offshore environment, individuals must be able to medically tolerate both modes of travel. During the examination, the candidate shall be provided the opportunity to discuss concerns and screen for physical or psychological conditions that may compromise the individual during such travel. Additionally, the following items should be considered:

- Ability to don and wear a survival suit.
- Ability to don and operate a compressed air emergency breathing device.
- Ability to transfer via personnel transfer device/basket.
- Limited access to medical support during transport.

⁷ Refer to Section 6 Clinical References

2.3 Physical Demands of the Work Environment

The offshore environment has many of the physical elements of other marine environments and is sub-divided as follows:

2.3.1 Musculoskeletal

- Medium to heavy manual handling (position based) with the ability for all to increase their workload in emergency situations.
- Climbing stairs/ladders (accommodations and industrial engineered).
- Working in confined spaces (helicopter travel; emergency situations).
- Working at heights.
- Standing/walking on steel structures for prolonged periods.
- Working with vibrating tools, hand tools, and various pieces of power equipment.
- Sedentary work (control rooms and those with administrative function).
- Ability to stoop, crouch, crawl, reach, bend and maneuver in course of duty and in emergency situations (ability to egress through emergency exits).

2.3.2 Sensory/cognitive

- Vision – near/distance, colour vision, visual fields.
- Hearing – ability to hear and distinguish emergency alarms, communication via field radio, headset, phone and P.A. announcement.
- Tactile – operation of controls, tools, objects, equipment.
- Cognitive – awareness, perception, reasoning, and judgment.

2.3.3 Work Schedules

- Rotational work schedules with 12 hour shifts, including night shifts.
- Potential for extended physical and psychological demands during emergency events.

2.3.4 Environmental demands

- Harsh weather conditions (cold, wind, snow, rain, fog).
- Decreased visibility due to fog, snow and rain.
- Heave, pitch and roll on some installations.
- Mainly steel walking and standing surfaces.
- Slippery and/or uneven surfaces.
- High noise areas and operations.
- Multi-level work areas with access by ladder/stairs.
- Heavy doors and access ways due to fire/explosion proof requirements.
- Potential air/chemical contaminants.
- Potential heat and cold stress exposures.
- Close living quarters (potential for communicable disease, psychological issues – group living dynamics).

2.4 Psychosocial Demands of the Offshore Environment/Rotation

- Extended periods of time away from home, group living dynamics, structured schedules and living arrangements, perceived loss of independence and psychological health issues.

2.5 Generic medical facilities/care offshore

Offshore medical care is provided by a licensed nurse or medic who works with the support of trained medical response team on the installation and a medical support system onshore. Training and qualifications requirements for the onboard practitioners are outlined in the *CAPP Atlantic Canada Offshore Petroleum Industry: Standard Practice for the Training and Qualifications of Personnel* <http://www.capp.ca/getdoc.aspx?DocId=223065&DT=PDF>

2.5.1 Limitations

- Timeframe for activation of medical response offshore to arrival at hospital onshore could be prolonged due to weather and sea conditions.
- The level of offshore nurse/medic and practice/licensing limitations.
- Risk of deterioration of medical condition episodes of ill-health or disability which may be wholly compatible with onshore employment may render the individual unfit for offshore work.
- Lack of diagnostic testing and ability of the individual to react appropriately in the event of an offshore emergency.
- Lack of medical resources offshore to routinely provide monitoring and health care support on a 24 hour basis.

These factors combine to distinguish the offshore from the onshore workplace.

3 Information for Examining Physicians

The assessment of medical fitness to work offshore is a two-stage process:

- A standardized medical protocol (health history, physical examination, testing) is used to screen for medical conditions that may affect an employee's ability to safely train, travel, or work offshore.
- For each medical condition identified by screening, the examining physician must then determine, on an individual basis, a sufficiently precise diagnosis, whether treatment is effective, and whether the condition will limit or restrict training, travel, or work offshore.

In order to be fit to travel and work offshore an individual must have no medical conditions that:

- Limit or restrict his or her ability to perform assigned duties, travel offshore by helicopter or vessel, or participate in offshore survival training,
- Pose a significant risk to the safety or health of others on the installation,

- Require treatment beyond what is available in the offshore environment, or
- Require treatment which impairs physical or cognitive function.

As described in Section 1.4 of this Guideline, an Examining Physician should:

- Review and address generic demands of offshore work and any specific considerations for specialized positions within medical assessments for fitness to work offshore.
- Use referenced clinical resources in the evaluation of individual medical assessment of fitness for work offshore.
- Discuss with the individual the reasons a medical condition(s) may limit or restrict offshore training, travel or work.
- Ensure information collected, used and disclosed by their organization during the medical assessment is maintained in a private and confidential manner as per prevailing legislation / regulations / professional codes of conduct.

Section 4 provides additional information for the examining physician regarding specialized offshore positions, including, designated emergency responders, and positions with additional vision standards (visual acuity, visual fields, colour discrimination).

Section 5 provides the forms used for the determination of medical to work offshore:

- Employee information, declaration and consent
- Health History
- Physical Examination and Testing Results
- Medical Fitness Opinion
- Medical Screening for Use of Compressed Air
- Offshore Medical Fitness Certificate

Testing

The following tests must be included within the medical assessment.

- Near and far visual acuity, with and without lenses
- Ishihara Color Plates
- Complete Blood Count
- Liver enzymes (ALT and GGT)
- Dipstick urinalysis (blood, protein, glucose)

Employer and Operator Medical Policies

It is noted that there may be specific operator or employer policies in addition to the medical assessment conducted in accordance with this Guide. For instance:

- Alcohol and Substance Use.
- Medical Surveillance for Noise Exposure (Audiometry).

Clinical Resources

Section 6 provides the examining physician with clinical references to assist in the determination of fitness to work offshore.

4 Specialized Offshore Positions

4.1 Designated Emergency Responders

Members of a designated emergency response team (ERT) may have duties that include fire fighting, platform evacuation leadership and casualty search and rescue. Their training and job demands include:

- Wearing self-contained breathing apparatus (SCBA).
- Lifting, carrying and pulling at a heavy strength level.
- Wearing protective bunker gear or chemical suits.
- Working in high temperatures (thermal stress).

The following additional testing shall be considered for persons who may conduct the above activities:

- Pulmonary function testing (spirometry).
- Assessment of cardiovascular disease risk (e.g. Framingham method, using either fasting lipids or BMI).
- Assessment of aerobic capacity (treadmill testing).

4.2 Positions with Special Vision Requirements

The following offshore positions have special vision requirements, for example:

- Airdeck and docking crew.
- Crane, forklift and other heavy equipment operators.
- Control panel operators.

Persons holding one of these positions may require additional testing of visual acuity, color vision, depth perception, or visual fields.

5 Certificates and Forms

5.1 Employee Information, Declaration and Consent

The purpose of this medical assessment is to identify if you have any medical conditions that could affect your health or safety for offshore training, travel, and work.

As described in Section 1.4 of this Guideline, it is an employee's responsibility to:

- Provide a complete health history on your certifying medical fitness assessments.
- Notify your treating physician that you work offshore and whether you hold a specialized position (refer to Section).
- Notify your employer's designated representative or occupational health advisor of a worsening or new medical condition that affects fitness for work offshore.
- Comply with the operator's safety management system, policies, and programs, including those related to health management.

Employee Declaration

I understand that the purpose of this medical assessment is to identify if I have any medical conditions that could affect my health or safety for offshore training, travel, and work.

I understand that I will be informed of my results of this medical assessment, including whether further medical information, testing, or assessment for a medical condition is required.

Employee name _____

Employee signature _____

Date _____

Employee Consent

I understand that the purpose of this medical assessment is to identify if I have any medical conditions that could affect my health or safety for offshore training, travel, and work.

I consent for the Examining Physician to obtain relevant medical records from my treating physician(s) to determine my fitness for offshore training, travel, and work.

I agree to provide a complete and accurate health history for this medical assessment.

I consent for the Examining Physician to notify my employer of my medical fitness for offshore training, travel, and work. At any point in time I may revoke my consent.

Employee name _____

Employee signature _____

Date _____

5.2 Health History

Canadian Association of Petroleum Producers Medical Fitness Assessment for Work Offshore

| | |
|-------------------|------------------------|
| Employee Name | Contact Phone Number |
| Employee DOB | Date of Assessment |
| Offshore Position | Designated OHS Advisor |
| Employer Name | Contact Phone Number |

Please answer the following questions to the best of your ability - if you have any questions please discuss them with the Examining Physician.

CURRENT HEALTH HISTORY

In the PAST THREE MONTHS, have you had any of the following:

| | YES | NO | | YES | NO |
|--|-----|-----|--|-----|-----|
| a chest or upper respiratory illness | [] | [] | ear pain or discharge | [] | [] |
| pain in your chest when you do physical activity | [] | [] | diarrhea, vomiting, or abdominal pain | [] | [] |
| chest pain when you were not doing physical activity | [] | [] | pain, bleeding, or infection of your gums or teeth | [] | [] |
| coughing or wheezing with your usual activities | [] | [] | vomiting or coughing up blood | [] | [] |
| shortness of breath with your usual activities | [] | [] | blood with bowel movements | [] | [] |
| snoring five 5 or more nights per week | [] | [] | burning or difficulty passing urine | [] | [] |
| choking or gasping 5 or more nights per week | [] | [] | skin infections, rash or dermatitis | [] | [] |

CURRENT HEALTH HISTORY (Continued)

In the PAST THREE MONTHS, have you had difficulty with any of the following activities:

| | YES | NO | | YES | NO |
|--|-----|-----|--|-----|-----|
| reaching overhead with either arm | [] | [] | Bending forward or twisting at the waist | [] | [] |
| looking straight up or down | [] | [] | Prolonged standing or walking | [] | [] |
| turning your head from side to side | [] | [] | Climbing stairs or ladders | [] | [] |
| firm gripping or twisting with either hand | [] | [] | Walking on sloped or uneven surfaces | [] | [] |
| fine movement or feeling with your fingers | [] | [] | Lifting or carrying up to 45 lb (22 kg) | [] | [] |
| kneeling or squatting | [] | [] | Wearing respiratory protective equipment (RPE) | [] | [] |

What are your usual (weekly) sport, exercise, or outdoor activities?

Please indicate if you hold a Special Position as indicated in section 1.7

| | YES | NO | | YES | NO |
|--|-------|-------|--|-----|-------|
| Have you ever smoked tobacco? | [] | [] | Do you wear a Medic Alert bracelet for any reason? | [] | [] |
| Have you smoked in the past year? | [] | [] | Do you use a brace, orthotics, or other medical aid? | [] | [] |
| How many years have you smoked? | | | Do you require a medical device offshore? | [] | [] |
| On average, how many cigarettes a day? | _____ | _____ | When did you last see a dentist? | | _____ |

List all medications you have been prescribed or have used in the last three months:

Please list any food, medication, or other serious allergies you have:

RECENT HEALTH HISTORY

In the PAST TWO YEARS, have you had any of the following:

| | YES | NO | | YES | NO |
|--|-----|-----|---|-----|-----|
| double vision | [] | [] | kidney stones | [] | [] |
| sudden loss of consciousness | [] | [] | arthritis or gout | [] | [] |
| episodes of dizziness or imbalance | [] | [] | other muscle, bone, or joint problems | [] | [] |
| headaches that require medication | [] | [] | hives or skin allergies | [] | [] |
| palpitations or skipping of your heartbeat | [] | [] | counseling or treatment for depression or anxiety | [] | [] |
| tests for your heart or blood vessels | [] | [] | panic when travelling or working offshore | [] | [] |
| blood clots in your lungs (embolus) | [] | [] | adjustment problems when working offshore | [] | [] |
| blood clots in the veins of your legs | [] | [] | problems in your life because of alcohol or drugs | [] | [] |
| chronic nasal or sinus problems | [] | [] | treatment for chronic or recurring pain | [] | [] |
| pneumonia or other lung diseases | [] | [] | unexplained weight loss | [] | [] |
| broken ribs or other chest injury | [] | [] | a workers compensation or disability claim | [] | [] |

Examining Physician Notes:

EVER HEALTH HISTORY

Have you EVER had any of the following medical conditions:

| | YES | NO | | YES | NO |
|---|-----|-----|---|-----|-----|
| loss of hearing in either ear | [] | [] | seizures or epilepsy | [] | [] |
| perforated ear drum | [] | [] | stroke | [] | [] |
| loss of vision in either eye | [] | [] | narcolepsy or other sleep disorders | [] | [] |
| glaucoma | [] | [] | diseases of the brain, spinal cord, or nerves | [] | [] |
| cataracts | [] | [] | injury to the brain, spinal cord, or nerves | [] | [] |
| other eye or vision disorders | [] | [] | fractured bones or joint dislocation | [] | [] |
| a heart attack (infarction) | [] | [] | bleeding ulcer | [] | [] |
| a heart murmur or problems with your heart valves | [] | [] | pancreatitis | [] | [] |
| a pacemaker or defibrillator | [] | [] | hepatitis or other liver problems | [] | [] |
| heart failure or other problems with your heart | [] | [] | intestine or colon problems | [] | [] |
| asthma | [] | [] | bleeding or coagulation disorders | [] | [] |
| chronic bronchitis or emphysema | [] | [] | blood or bone marrow disorders | [] | [] |
| collapsed lung (pneumothorax) | [] | [] | immune system disorders | [] | [] |
| tuberculosis | [] | [] | cancer | [] | [] |
| other lung diseases | [] | [] | organ transplantation | [] | [] |
| abnormal chest x-ray | [] | [] | kidney infection or disease | [] | [] |
| sleep apnea | [] | [] | thyroid disease | [] | [] |
| diabetes or high blood sugar | [] | [] | other hormonal disorders | [] | [] |
| schizophrenia | [] | [] | hospitalization for mental health problems | [] | [] |
| bipolar disorder | [] | [] | treatment for alcohol or drug problems | [] | [] |

EVER HEALTH HISTORY (continued)

Have you EVER had surgery on your:

| | YES | NO | | YES | NO |
|-------------------------------|-----|-----|-------------------------|-----|-----|
| eyes | [] | [] | lungs or chest | [] | [] |
| brain, spinal cord, or nerves | [] | [] | abdomen or kidneys | [] | [] |
| heart or blood vessels | [] | [] | bones, joints, or limbs | [] | [] |

Examining Physician Notes:

5.3 Physical Examination and Testing Results

PHYSICAL EXAMINATION

| | | | |
|----------------|----------------------|--------------------|----------------------|
| blood pressure | <input type="text"/> | height | <input type="text"/> |
| pulse | <input type="text"/> | weight | <input type="text"/> |
| rhythm | <input type="text"/> | neck circumference | <input type="text"/> |

| | NORMAL | ABNORMAL | | YES | NO |
|---|--------|----------|--|-----|-----|
| conjunctiva | [] | [] | facial or jaw deformity | [] | [] |
| iris and pupils | [] | [] | jaundice or icterus | [] | [] |
| ocular movements | [] | [] | carotid bruits | [] | [] |
| visual fields (confrontation) | [] | [] | heart murmur | [] | [] |
| ear canals and tympanic membrane | [] | [] | signs of heart failure | [] | [] |
| nose and throat | [] | [] | abdominal masses or tenderness | [] | [] |
| cervical lymph nodes, thyroid, and neck | [] | [] | abdominal or inguinal bruits | [] | [] |
| chest shape and expansion | [] | [] | infection or open lesions of the skin | [] | [] |
| breath sounds | [] | [] | significant scars | [] | [] |
| liver (size, firmness, tenderness) | [] | [] | joint swelling or inflammation | [] | [] |
| peripheral pulses and perfusion | [] | [] | exposed dental roots | [] | [] |
| speech | [] | [] | large missing fillings | [] | [] |
| thought, mood, and behaviors | [] | [] | evidence of intoxication or hangover | [] | [] |
| gums and periodontal tissue | [] | [] | evidence of chronic substance use | [] | [] |

PHYSICAL EXAMINATION (Continued)

Any reduced range of motion, weakness, pain or deformity with:

| | YES | NO | | YES | NO |
|---|-----|-----|---|-----|-----|
| reaching overhead with both arms | [] | [] | kneeling and squatting | [] | [] |
| looking straight up or down | [] | [] | crawling | [] | [] |
| neck rotation | [] | [] | bending forward and twisting at the waist | [] | [] |
| firm gripping and twisting with either hand | [] | [] | walking, sitting and standing | [] | [] |
| fine movement of the fingers | [] | [] | heel-to-toe walking (tandem walk) | [] | [] |

TESTING

| | LEFT | RIGHT | | NORMAL | ABNORMAL |
|-----------------------------|--------|----------|--------------------------------------|--------|----------|
| Uncorrected Distance Vision | / | / | Near Vision (with or without lenses) | [] | [] |
| Corrected Distance Vision | / | / | Ishihara Color Plates | [] | [] |
| | NORMAL | ABNORMAL | | NORMAL | ABNORMAL |
| Complete Blood Count | [] | [] | Dipstick Urinalysis | [] | [] |
| ALT | [] | [] | Spirometry | [] | [] |
| GGT | [] | [] | Audiogram | [] | [] |

5.4 Medical Screening for Use of Compressed Air

Compressed Air Breathing Questions (Appendix to existing Atlantic Canada Offshore Medical)

| Specifically is there any history of: | Yes | No |
|---|--------------------------|--------------------------|
| 1. Asthma or RAD (reactive airway disease) including any history of childhood asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. A history of COPD or emphysema | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Current or past use of inhalers/puffers for asthma, COPD or respiratory infections | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Spontaneous or traumatic pneumothorax | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Tuberculosis, sarcoidosis or pulmonary fibrosis | <input type="checkbox"/> | <input type="checkbox"/> |

5.5 Medical Fitness Opinion

MEDICAL FITNESS OPINION

Does this person have a medical condition that:

| | YES | NO |
|--|--------------------------|--------------------------|
| Limits or restrict his or her ability to perform assigned duties | <input type="checkbox"/> | <input type="checkbox"/> |
| Limits or restrict his or her ability to travel offshore by helicopter or vessel | <input type="checkbox"/> | <input type="checkbox"/> |
| Limits or restrict his or her ability to participate in offshore survival training | <input type="checkbox"/> | <input type="checkbox"/> |
| Poses a significant risk to the safety or health of others on the installation | <input type="checkbox"/> | <input type="checkbox"/> |
| Requires treatment beyond what is available in the offshore environment | <input type="checkbox"/> | <input type="checkbox"/> |
| Requires treatment which impairs physical or cognitive function | <input type="checkbox"/> | <input type="checkbox"/> |

Examining Physician's Signature

Examining Physician's Name and Address

Contact Phone Number

Date

5.6 Fitness Certificate

**FITNESS CERTIFICATION
FOR OFFSHORE EMPLOYMENT AND SAFETY COURSES**

NAME: _____ ADDRESS: _____
Emp #: _____ (City) _____ (Postal Code) _____
DOB: ____/____/19____ OCCUPATION: _____
(mm/dd/yy)

EXAMINING PHYSICIAN'S OPINION:

YES NO

1. IS THE INDIVIDUAL **FIT** FOR EMPLOYMENT **OFFSHORE**? _____

2. IS THE INDIVIDUAL **FIT** FOR EMPLOYMENT **ONSHORE**? _____

3. IS THE INDIVIDUAL **FIT** FOR OFFSHORE SAFETY COURSES? _____

DATE OF EXAMINATION: ____/____/20____ CERTIFICATE VALID UNTIL ____/____/20____

This is to certify that the above named employee was examined on the date shown in accordance with the CAPP Atlantic Canada Medical Assessment for Fitness to Work offshore __2013-0019__ (version).

Examining physician must communicate any limitations of medical fitness to employer/operator; specifics related to limitations should not appear on this form.

SIGNED: _____ DATE: ____/____/20____

PHYSICIAN'S NAME (PRINT) & STAMP: _____

PHYSICIAN'S TELEPHONE: (____) _____--_____

PHYSICIAN'S ADDRESS: _____

ORIGINAL: Employer

COPY: Employee

6 Clinical References

To assist examining physicians in the determination of fitness to work offshore, the following medical guidelines are recommended:

United Kingdom Offshore Oil and Gas Industry Association Limited - Medical Aspects of Fitness for Work Offshore: Guidance for Examining Physicians (2008):

At present, this guideline is available only in a printed version; the same guideline (although with different section headings) is available from the Netherlands Oil and Gas Exploration and Production Association (NOGEP) - Medical Aspects of Fitness for Work Offshore: Guidance for Examining Physicians (2010):

<http://www.nogepa.nl/Home/DownloadCenter/DCHealth/tabid/613/language/en-GB/Default.aspx> Click on: Medical checks offshore personnel – Guidance for Physicians (EN)

Canadian Medical Association – Determining Medical Fitness to Operate Motor Vehicles (2006):

<http://www.cma.ca/determining-fitness-to-drive>

Railway Association of Canada - *Canadian Railway Medical Rules Handbook* (2010):

http://www.railcan.ca/publications/rule_handbook

In addition, **Transport Canada – Medical Examination of Seafarers Physician Guide (2011)** is due for release by mid-2012, and should be available on the Transport Canada Marine Safety website: <http://www.tc.gc.ca/eng/marinesafety/menu.htm>

Supplemental Clinical References

World Health Organization Alcohol Use Disorders (AUDIT) 2001:

http://www.who.int/substance_abuse/publications/alcohol/en/index.html

Canadian Food Retail and Food Services Code (Second Edition) 2004

http://www.hc-sc.gc.ca/ahc-asc/pubs/hpfb-dgpsa/fd-da/nat_guide_train_tc-tm-eng.php

Framingham website: <http://www.framinghamheartstudy.org/risk/gencardio.html> (scroll to the bottom to find the BMI-based risk calculator)

| Clinical Topic | UK Offshore Oil and Gas Industry Association Limited - Medical Aspects of Fitness for Work Offshore (2008) | Canadian Medical Association – Determining Medical Fitness to Operate Motor Vehicles (2006) | Railway Association of Canada - Canadian Railway Medical Rules Handbook (2010): |
|-------------------------------------|--|---|---|
| Allergies and Anaphylaxis | Section 2, paragraph 21 | | |
| Brain Injury | | Section 14 | |
| Cardiovascular Risk Assessment | Addendum 7 and 8 | | Section 4.6, Table 2 |
| Cardiovascular System | Section 2, paragraph 2 | Sections 13 and 15 | Section 4.6 |
| Cerebrovascular | Section 2, paragraph 2 | Section 14 | |
| Dental Health | Section 2, paragraph 20 | | |
| Endocrine and Metabolic Disorders | Section 2, paragraph 8 | Section 17 | Section 4.7 |
| Gastrointestinal System | Section 2, paragraph 10 | | |
| Genitourinary System | Section 2, paragraph 13 | Section 18 | |
| Hearing and Ear, Nose, and Throat | Section 2, paragraph 18 | Section 12 | Section 4.2 |
| Hematology | Section 2, paragraph 14 | | |
| Infectious Diseases | Section 2, paragraph 17 | | |
| Malignant Neoplasms | Section 2, paragraph 16 | | |
| Medications & Opioids | Section 2, paragraph 22 | Section 6 | Section 4.10 |
| Musculoskeletal Conditions | Section 2, paragraph 11 | Section 19 | |
| Nervous System & Epileptic Seizures | Section 2, paragraph 3 | Section 10 | Section 4.4 |
| Obesity | Section 2, paragraph 9 | | |
| Organ Transplants | Section 2, paragraph 15 | | |
| Pregnancy | Section 3, paragraph 1 | | |
| Psychiatric Disorders | Section 2, paragraph 4 | Section 9 | Section 4.5 |
| Respiratory System | Section 2, paragraph 7 | Section 16 | |
| Skin | Section 2, paragraph 12 | | |
| Sleep Disorders & Sleep Apnea | Section 2, paragraph 3 | Section 8 | Section 4.9 |
| Substance Abuse and Dependency | Section 2, paragraphs 5 & 6 | Sections 5 and 6, Appendix C & G | Section 4.8 |
| Vision | Section 2, paragraph 19 | Section 11 | Section 4.3 |
| Catering Crews | Section 3, paragraph 3 | | |
| Crane Operators | Section 3, paragraph 4 | | |
| Emergency Response Teams | Section 3, paragraph 2 | | |