

## Application for OEUK fitness to work offshore

On 1<sup>st</sup> May 2024 Offshore Energies UK (OEUK) updated the process for offshore workers applying for medical assessment to work offshore in UK controlled territories. These medicals were formerly known as OGUK (Oil & Gas UK) offshore medicals and previously as UKOOA (UK Offshore Operators Association) medicals.

The guidelines for these medicals are published in 'Medical Fitness for Offshore Work 7<sup>th</sup> Edition May 2024.'

This application form contains a questionnaire that will need to be completed and either emailed to Dr Mark Downs, or printed and brought to the assessment consultation. If you are new to working offshore then some of the questions will not be relevant and can be left blank. For those with previous or existing medical problems then full details will need to be brought to the consultation. If you are unsure about what will be needed then please contact me for clarification, as otherwise there will be a delay in issuing the fitness for offshore work certificate.

Offshore installations are categorized into either normally-unmanned or manned. Only those normally manned will have an onsite medic. If no medic is present, then higher medical standards are required and certain existing medical conditions, or medications, will not be compatible with working on these offshore installations – the fitness certification will indicate 'UNFIT for work on normally-unmanned installations without direct operator approval.' This means that the individual will need to obtain consent from the installation operator's medical advisor before each mobilization. This approval may take several weeks to complete and will likely only be granted for certain named installations.

Some of the medical conditions that are likely to lead to the requirement for the operator's approval are:

- Previous ischaemic heart disease
- Existing cardiac arrhythmia requiring medication
- Previous cerebrovascular disease
- Previous episode of anaphylaxis
- Taking blood thinning medications (except aspirin)
- Type 1 diabetes

Crane operators will need to provide a report from their optician about their eyesight.

Those with a BMI of 40 or more will need to provide written confirmation from their employer / agency that they can:

- a) Don and fasten standard Civil Aviation Authority (CAA) approved and marine issue lifejackets over a survival suit, and
- b) Sit in a standard helicopter seat and fasten a three-point harness.

Those undertaking Emergency response team (ERT) duties will need to have a functional assessment of their fitness. This was previously done by the Chester Step Test (CST), but this will only now need to be done if the employer requires it.

A form of 'photo identity' (e.g. passport, driving license, Vantage card) will need to be provided at the consultation.

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## Preparing for the OEUK Medical – advice from the OEUK

You will likely find the process of completing your OEUK medical simpler if you prepare for it by:

- Taking a copy of your most recent previous OEUK medical certificate with you
- Taking a copy of your most recent previous ‘fit to train’ certificate with you, and being aware of the date of your next FOET
- You should have been offered a copy of the medical documentation at your OEUK medical(s) from at least 1st May 2024 onwards. If you accepted this offer and are willing to share information with the doctor undertaking your next medical, take a copy of the documentation with you.

### **If you have high blood pressure:**

Ask your GP or treating doctor for a list of your BP readings in the past two years, what your GP’s ‘treatment target’ for your blood pressure is, and what medications (name and dose) you are prescribed (and if this has changed in the past two years).

### **If you have diabetes:**

Ask your GP or treating doctor for a list of your HbA1c, blood pressure, and weight in the past 2 years, what your GP’s ‘treatment target’ for your HbA1c, blood pressure and weight are, and what medications (name and dose) you are prescribed (and if this has changed in the past two years).

### **If you have had a heart attack in the past:**

Ask your GP or treating doctor for a list of your blood pressure, blood lipids (this means your ‘cholesterol’ levels – there will be several different ones) and weight in the past 2 years, what your GP’s ‘treatment target’ for your blood pressure, lipids, and weight are, and what medications (name and dose) you are prescribed (and if this has changed in the past two years).

### **If you are in the obese weight category:**

Ask your GP or any other clinical facility that has measured your weight for a list of your weight measurements in the past two years.

Doing these things may avoid the need for the doctor to seek reports or information from your previous OEUK examining doctor, GP, or treating doctor, and will enable the examining doctor to show you how your results have changed since your last medical.

Note that you are not obliged to obtain any of this information, or to provide it to the OEUK doctor. Not having the information or not providing it will not affect the ultimate outcome of your medical, but it will slow down the decision if the OEUK doctor needs to obtain the information by writing to your GP.

### **Keeping copies of your medical assessments**

Examining doctors are guided to offer examinees a copy of the records from their medical, and to encourage them to accept. In some locations outwith the UK, it may be common practice for non-medically-qualified employer representatives to request or receive a medical record, including medical history and test results. In the UK, this is absolutely not the case, and indeed is counter to normal medical standards of confidentiality, and data protection legislation.

When offering medical records of OEUK medicals to examinees, examining doctors should make it clear that the purpose of the offer is to make it possible for examinees to provide information from the records to a future different examining doctor, in the anticipation this may avoid needless repetition of some elements, but that a) examinees are not obliged to accept the offer and b) they do not need to tell employers that they have a copy of their record, and that they are entitled to decline any employer request to provide the record.

*If you do not keep your own copy of the record, then please be aware that there may be considerable delay in your next OEUK examining doctor getting in contact with me especially if I am away on holiday.*

**Applicant details:**

<b>Applicant details:</b>		Date of assessment:	
Surname:	Forename(s):	Date of Birth:	
Address:		Telephone:	Email:
Nationality:	Marital Status: Married <input type="checkbox"/> / Single <input type="checkbox"/>	Years working offshore:	
GP Address:			
		Yes	No
ERT member?		<input type="checkbox"/>	<input type="checkbox"/>
Crane operator?		<input type="checkbox"/>	<input type="checkbox"/>
Catering crew?		<input type="checkbox"/>	<input type="checkbox"/>
May work on normally-unmanned-installations (NUI)?		<input type="checkbox"/>	<input type="checkbox"/>
Chester step test requested by employer?		<input type="checkbox"/>	<input type="checkbox"/>

**Offshore employment history:**

Offshore occupation:			
Brief description of offshore work:			
Employing company (if relevant)			
Date of last offshore medical:		Doctor's name:	
Date of last 'fit to train assessment':		Doctor's name:	
Date next BOSIET / FOET due?			
Have you ever been medically evacuated from an offshore installation?	Yes	No	Details:
	<input type="checkbox"/>	<input type="checkbox"/>	

**Social habits:**

Smoking / Vaping	Never	<input type="checkbox"/>	Details (type, quantity per day, for number of years)
	Ex	<input type="checkbox"/>	
	Current	<input type="checkbox"/>	
Alcohol units per week (1 unit = half a pint beer, 1 shot, one small glass of wine)			
Exercise (type / average hours per week)			

**Medical history:**

<b>Have you ever had, or currently have any of the following conditions?</b>	<b>Yes</b>	<b>No</b>
Diseases of the heart and circulation? (e.g. high blood pressure, angina, chest pains, palpitations, arrhythmias, heart surgery, stents, PFO closure)	<input type="checkbox"/>	<input type="checkbox"/>
Diseases of the respiratory system or chest surgery? (e.g. asthma, COPD, pneumonia, sarcoidosis, pneumothorax, wheezing with exercise, chest wall deformity)	<input type="checkbox"/>	<input type="checkbox"/>
Diseases of the nervous system? (e.g. epilepsy, convulsions or fits, stroke, multiple sclerosis, cerebral palsy, hydrocephalus, head injury with loss of consciousness, blackouts, fainting, recurrent migraines)	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from Narcolepsy or any sleep disorders?	<input type="checkbox"/>	<input type="checkbox"/>
Diseases of the Ear, Nose or Throat? (e.g. deafness, grommets, ear surgery, post-nasal drip, recurrent sinusitis, persistent swallowing problems, dizziness, tinnitus)	<input type="checkbox"/>	<input type="checkbox"/>
Any eye or visual problems?	<input type="checkbox"/>	<input type="checkbox"/>
Diseases of the kidney, kidney stones, prostate, or bladder disease?	<input type="checkbox"/>	<input type="checkbox"/>
Diseases of the bones or joints? (e.g. back surgery or injections, Rheumatoid arthritis, gout)	<input type="checkbox"/>	<input type="checkbox"/>
Diseases of the gastrointestinal tract? (e.g. recurrent indigestion, recurrent diarrhoea, Inflammatory bowel disease, ileostomy or colostomy, hernia)	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Any cancer?	<input type="checkbox"/>	<input type="checkbox"/>
Any mental health or psychological problems? (e.g. anxiety, depression, schizophrenia, bipolar disorder, PTSD, claustrophobia)	<input type="checkbox"/>	<input type="checkbox"/>
Any developmental problems or learning difficulties? (e.g. autism, ADHD, dyslexia)	<input type="checkbox"/>	<input type="checkbox"/>
Any infectious disease? (e.g. hepatitis, herpes, HIV)	<input type="checkbox"/>	<input type="checkbox"/>
Covid-19 infection needing hospital treatment or diagnosed 'Long Covid?'	<input type="checkbox"/>	<input type="checkbox"/>
Any other medical condition or previous surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol abuse, dependence, or recreational drug misuse in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
Currently taking any prescribed medications (except the oral contraceptive pill)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant or planning a pregnancy in the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Any allergies or had an anaphylactic reaction?	<input type="checkbox"/>	<input type="checkbox"/>
Have you suffered with any industrial injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever developed any medical condition connected with your occupation e.g. hearing loss, skin condition, backache, muscle strain, blood disease? Or received compensation?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been rejected from employment on medical grounds, or failed an offshore medical?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have any dental problems or not seen a dentist in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Chester step test requested by employer?	<input type="checkbox"/>	<input type="checkbox"/>

Please give details of any 'Yes' responses above:

**Consent & Declaration:**

Please read the following and sign below to indicate your understanding and acceptance.

- I understand the purpose of this medical assessment.
- I understand that the doctor's role is to make an impartial decision regarding my fitness for working offshore.
- I consent to undergo this assessment, including any investigations deemed necessary (e.g. spirometry, audiometry, urinalysis, ECG, and blood tests).
- I understand that I can withdraw my consent at any time.
- I am aware of my right to appeal to the OEUK Medical Advisor (contact details on OEUK website,) in the event of being found unfit, or being issued with a certificate with annotations (restrictions.)
- I certify that my responses to these questions are accurate to the best of my knowledge and belief.
- I accept responsibility for any inaccuracies or omissions.
- I consent to sharing my medical details with the company doctor of any employing company or medical officer of any offshore installations that I may be or am applying to work on.

Signature of Applicant:	Date:
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Now either email this form to Dr Mark Downs – [mhdowns@btinternet.com](mailto:mhdowns@btinternet.com), or print and bring to assessment consultation.