



E-Med-Track

This is a Temporary Certificate of Fitness to be filled in by the Examining Physician. The Final Certificate of Fitness will be delivered after review by International SOS doctors and the Schlumberger International Health Coordinator.

Please write in clear capital letters.

I, Doctor..... , do hereby certify that Mr/ Miss / Mrs (Last name, first name) , born on (DD/MM/YYYY) , underwent a Med-Track physical on (DD/MM/YYYY) , and is medically:

- Fit to work without restrictions in the oil and gas industry
- Fit to work but is restricted from the following activities
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- UNFIT to work in the oil and gas industry

Examining physician's name:

Examining physician's signature:

Examining physician's address:

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Phone:

Fax:

Email:

Please write in clear capital letters.

Stamp of the medical facility

Date (DD/MM/YYYY):