



WesternGeco MedFit Checkup

Being part of the medical centers network certified by
International SOS



Introduction

- Intl. SOS is in charge of managing the Health-Check Program of WesternGeco
- WesternGeco is part of Schlumberger group covered by the Med-Track and has a designed MedFit program for their marine members (pre deployment or periodicals)
- It consists of 4 types of medical check-ups + an NMD or if not available ENG1 examination
- We thank you for being part of this program

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Appointment booking process

- The WesternGeco employee has been given the contact details you provided. He/She is to contact you directly to book his/her appointment.
 - Upon booking the appointment , the WesternGeco employee has to provide the type of protocol to be performed.
 - Please also note that **every WesternGeco employee must perform an NMD examination or if not available the ENG1** at the same time as the **Med-Track** medical (applicable only for centers with physicians allowed to issue NMD certificate).
- You need to confirm the appointment directly with employee
 - You need to remind him to be fasting
 - You need to explain him how to reach the center

On the day of the examination Upon arrival

○ The WesternGeco existing employee must arrive with:

- ✓ **The guarantee of payment** (if not provided earlier) available at the end of the notification email
- ✓ **Vaccination records**
- ✓ **Blood group card** (if relevant)
- ✓ **Med-Track questionnaire** : It must be filled in by the examining physician
- ✓ **Temporary Certificate** : It must be filled in by the examining physician and delivered to the beneficiary at the end of the medical.
- ✓

Alternative for centers not accepting Intl / Paris GOP:

The guarantee of payment will be sent directly by the local Intl. SOS assistance center

○ Pre- Employments must arrive with:

- ✓ **Self payment by beneficiary , NO GOP issued**
- ✓ **Vaccination records**
- ✓ **Blood group card** (if relevant)
- ✓ **Med-Track questionnaire** : It must be filled in by the examining physician
- ✓ **Temporary Certificate** : It must be filled in by the examining physician and delivered to the beneficiary at the end of the medical



Types of protocols

| Western Geco Protocols | | | | |
|--|---|--|--|--|
| Exams description | Protocol A (Marine MedTrack for employee less than 40 years old) | Protocol B (Marine MedTrack Plus for Male employee 40 years or more) | Protocol C (Marine MedTrack Plus for Female employee 40 years or more) | Protocol D (Marine MedTrack for Pre-employee) |
| Medical consultation including past medical history screening, vaccination status, physical examination, immunisation update, completion of medical form | ✓ | ✓ | ✓ | ✓ |
| Drug testing: Amphetamins / Cannabinoids / Cocaine / Opiates | | | | ✓ |
| Sight tests: colour vision, visual acuity, field of view | ✓ | ✓ | ✓ | ✓ |
| Audiogram with Diagnostic Audiometer | ✓ | ✓ | ✓ | ✓ |
| Rest ECG 12 classical leads | ✓ | ✓ | ✓ | ✓ |
| Treadmill test – exercise ECG | | ✓ | ✓ | |
| X-Ray - Front Chest | ✓ | ✓ | ✓ | ✓ |
| Spirometry (Peak Flow at a minimum) | | ✓ | ✓ | |
| Abdominal and pelvic echography | | ✓ | ✓ | |
| Carotid Echo Doppler | | ✓ | ✓ | |
| Cardiac Echography | | ✓ | ✓ | |
| Prostate Sonogram | | ✓ | | |
| Mammogram | | | ✓ | |
| PAP smear | | | ✓ | |
| RBC | ✓ | ✓ | ✓ | ✓ |
| WBC | ✓ | ✓ | ✓ | ✓ |
| NEUTRO | ✓ | ✓ | ✓ | ✓ |
| EOSINO | ✓ | ✓ | ✓ | ✓ |
| BASO | ✓ | ✓ | ✓ | ✓ |
| LYMPHO | ✓ | ✓ | ✓ | ✓ |
| MONO | ✓ | ✓ | ✓ | ✓ |
| HEMATOCRIT | ✓ | ✓ | ✓ | ✓ |
| HEMOGLOBIN | ✓ | ✓ | ✓ | ✓ |
| ESR(sed rate) | ✓ | ✓ | ✓ | ✓ |
| SGOT(ASAT) | ✓ | ✓ | ✓ | ✓ |
| SGPT(ALAT) | ✓ | ✓ | ✓ | ✓ |
| GAMMA GT | ✓ | ✓ | ✓ | ✓ |
| GLYCEMIA | ✓ | ✓ | ✓ | ✓ |
| CHOLESTEROL | ✓ | ✓ | ✓ | ✓ |
| HDL | ✓ | ✓ | ✓ | ✓ |
| LDL | ✓ | ✓ | ✓ | ✓ |
| CREATININE | ✓ | ✓ | ✓ | ✓ |
| URIC ACID | ✓ | ✓ | ✓ | ✓ |
| TRIGLYCERIDES | ✓ | ✓ | ✓ | ✓ |
| Tonometry Right eye (Glaucoma testing) | | ✓ | ✓ | |
| Tonometry Left eye (Glaucoma testing) | | ✓ | ✓ | |
| PSA | | ✓ | | |
| TSH | | ✓ | ✓ | |
| CEA | | ✓ | ✓ | |
| Alkaline Phosphatase | | ✓ | ✓ | |
| Urine analysis with a stick (glucose, ketones, blood, proteins, nitrates, white blood cells) | ✓ | ✓ | ✓ | ✓ |
| Faeces –Parasites | ✓ | ✓ | ✓ | ✓ |
| Faeces – Occult Blood (with stick) | ✓ | ✓ | ✓ | ✓ |
| Mantoux test or Serology Quantiferon TB GOLD (R) test | ✓ | ✓ | ✓ | ✓ |
| NMD certification for employees | ✓ | ✓ | ✓ | ✓ |
| Mandatory exams | | | | |
| Additional Proposed exams for Medtrack plus | | | | |




Important reminders for medical exam

- All exams flagged as **mandatory** **must be completed on same day of app**
- Any exam not performed must be escalated to Intl. SOS Medical Check-up team immediately
- Exams in purple are **non mandatory tests**. If any are required they may be performed when and where possible
- In case the seafarer is from a country with an incidence of pulmonary tuberculosis OR have recent regular contact with an infectious case of TB OR suspicious symptoms-TB screening should be performed
- Every WesternGeco employee must undergo an **NMD examination or where not available the ENG1** at the same time as the Med-Track medical
- Each WesternGeco employee should be provided with a **temporary certificate** at the end of the check-up and be issued with NMD or ENG1 certificate



NMD certificate to be filled in by NMD certified physicians only

 **Sjøfartsdirektoratet**
Norwegian Maritime Directorate

Helseerklæring / Health certificate

Serialnummer / Serial no. **H-**

Passnummer, seifartabok eller annet identitetsbevis med foto ang. type dokument og ID-nummer / Passport number, sea service book or other type of document with photograph and ID number

Fødselsdato (dag/måned/år) / Date of birth (day/month/year) Personnummer / personal identity number

Kjenn / Sex Mann / Male Kvinne / Female

SKRIV MED BLOKKBOKSTAVER / USE BLOCK LETTERS

Efternavn / Family name Mellomnavn / Middle name

Fornavn / First name

Bostedsadresse / Home address

Nasjonalitet / Nationality Engelsk betegnelse / In English

Stilling om bord / Position on board

Ovennevnte sjemann er i dag (dag/måned/år): **20 / 01 / 2011** undersøkt av meg i henhold til bestemmelserne i forskrift 19. oktober 2001 om helseundersøkelse av arbeidstakere på skip med vedlegg. / The above-mentioned seafarer has today (see above) been examined by me in accordance with the provisions of Regulation of 19 October 2001 concerning the medical examination of employees on ships and the appurtenant appendix.

På grunnlag av helseundersøkelsene, herunder undersøkelse av syn- og hørsel, har jeg funnet at ovennevnte er / On the basis of the medical examination, including examination of sight and hearing, I declare the above-mentioned person to be:

| | |
|---|--|
| Skikket til brovaktfunksjon / Fit for navigational watch function | <input checked="" type="checkbox"/> Ikke skikket til brovaktfunksjon / Not fit for navigational watch function |
| Skikket til sikkerhetsfunksjon / Fit for safety function(s) | <input checked="" type="checkbox"/> Ikke skikket til sikkerhetsfunksjon / Not fit for safety function(s) |
| Skikket til annet arbeid om bord / Fit for other work on board | <input checked="" type="checkbox"/> Ikke skikket til annet arbeid om bord / Not fit for other work on board |

Begrensninger mht helseerklæringens gyldighet vedtatt av sjemannslegen eller fagnemnda / Limitations decided by the seaman's doctor or appellate body concerning the validity of the health certificate:

| | | |
|---|--------------------|---------------------------------|
| <input type="checkbox"/> Tjeneste / Service | Hvilken? / Specify | Engelsk betegnelse / In English |
| <input type="checkbox"/> Fartsområde / Trade area | Hvilket? / Specify | Engelsk betegnelse / In English |

Begrensninger mht helseerklæringens gyldighet vedtatt av fagnemnda / Limitations decided by the appellate body concerning the validity of the health certificate:

Andre begrensninger (vedtatt av fagnemnda) / Other limitations (decided by the appellate body)

Engelsk betegnelse / In English:

Gyldig til / Valid until (dag/måned/år) (day/month/year)

Sted og dato (dag/måned/år) / place and date (day/month/year) Arbeidstakers underskrift / Employee's Signature

Jeg, som underskrivende lege, er kjent med regelverket og har undersøkt i henhold til forskrift 19. oktober 2001 om helseundersøkelse av arbeidstakere på skip med vedlegg / I, the doctor signing this document, am familiar with the applicable rules and regulations and have performed the examination in accordance with the provisions of Regulation of 19 October 2001 concerning the medical examination of employees on board ships and the appurtenant appendix.

Godkjent sjemannsleges underskrift og stempel / Signature and stamp of approved seaman's doctor

SKRIV MED BLOKKBOKSTAVER / USE BLOCK LETTERS

Legens navn / Doctor's name

Legens adresse / Doctor's address

Telefonnummer / Telephone number

E-mail

Telefonnummer / Fax number

Denne helseerklæringen skal medbringes til sjemannslegen ved neste undersøkelse / This health certificate must be shown to the seaman's doctor at the next examination.
(serienummeret på helseerklæringen her skal samsvare med serienummeret på skjema for helseundersøkelse/ the serial number of this health certificate must correspond to the number on the medical examination form)



Temporary certificate to be filled in for beneficiaries



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
.....
- UNFIT to work in the oil and gas industry

Examining physician's name:

Examining physician's signature:

Examining physician's address:

.....
.....

Phone:

Fax:

Email:

Please write in clear capital letters.

Stamp of the medical facility

Date (DD/MM/YYYY):



On the day of app- examination completed

- You **must** provide the WesternGeco employee with **a copy of his complete medical report**.
- Please ensure that the complete medical check-up report is sent via the International SOS Med-Track Box <https://www.gocare.fr/DropboxLogin.aspx>
- As an option, if you cannot sent the report via the MedFit Box, you can send it by email at: ParisMedFit@internationalsos.com

Please ensure that the attachment does not exceed 4MB

- **Invoices** related to the exams (one invoice per exam per beneficiary) should be sent into the International SOS MedFit Box along with the report and labeled to :

International SOS Assistance SA
1 rue du parc
92593 Levallois Perret Cedex, France

- Important:

Results must be sent to the MedFit Team within 5 days after the day of the examination

Do not send the medical reports to any other partner than International SOS to respect the medical confidentiality

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Who to contact at Intl. SOS

- In case of any **medical issue /concerns** that you would like to discuss with an International SOS physician:

-An email can be sent to Dr. Avargues, Dr. Lescar and Dr. Bouchereau at :

ParisMedFitMedical@internationalsos.com

And for urgent cases call: +33 (0)155 632 999.

- In case of **questions related to appointment booking, type of protocols or reports sending**: Please contact the Health-Check Team at:
ParisMedFit@internationalsos.com or call +33 (0)155 633 264

- In case of questions related to the **invoices payment process**, please contact:
parisproviders@internationalsos.com

