



**Personal & Confidential**

## PTTEP Offshore Medical Fitness Certificate

To be filled out by PTTEP Approved Doctor (PAD) only

**Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
 (DD/MM/YY)  
**Position:** \_\_\_\_\_ **Company:** \_\_\_\_\_  
**Employee ID No: (For PTTEP/ PTTEP Services Staff only)** \_\_\_\_\_

This individual has been examined/reviewed on (DD/MM/YY) .....at.....  
 in accordance with PTTEP FTW Offshore Procedures, and in my opinion, he/she is:

### 1. Offshore Fitness Verification

Status	Comments
<input type="checkbox"/> Fit to work	
<input type="checkbox"/> Fit with restriction	
<input type="checkbox"/> Unfit due to	

### 2. Specific task/ position

Status	Comments
<input type="checkbox"/> Fit for	<input type="checkbox"/> Breathing Apparatus (BA) Work/Confined Space work <input type="checkbox"/> Professional Driver / Crane Operator <input type="checkbox"/> Catering and Food Preparation <input type="checkbox"/> Fire Fighter and Rescue Team <input type="checkbox"/> Other, please specify.....
<input type="checkbox"/> Unfit due to	



PAD Signature: .....

Name: .....

Date: .....

Examinee Signature: .....