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| When travelling or visiting an offshore facility or remote location, factors such as the mode of travel, the environment in which the site is located, and the site’s physical structure in terms of size, stairways, walkways, etc., may require of the individual a certain degree of alertness, physical mobility, co-ordination and stamina. This form is to be used to authorize a visit where there is no valid certificate of medical fitness in place prior to travel. |

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| **Instructions** |
| Prior to travel, anyone seeking a medical exemption must complete, sign and date this form, and obtain the appropriate authorization:* Senior Line Manager to review the exemption form and determine if authorization is permitted (i.e., Manager or Superintendent Operations, Manager or Superintendent Drilling and Completions, Project Director)
* If approved, the Senior Line Manager will sign the form and retain a copy until individual has returned from the site.
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| Personal Information |
| Last Name: |       | Company: |       |
| Travel Location: |       | Contact Number: |       |
| Departure Date: |       | Return Date: |       |
| Work Location: |       | Pet DW (WEL) Supervisor: |       |

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| Medical Exemption |
| Visiting an offshore facility or traveling to a remote site will mean that you will be at a location that has limited medical care. Evacuation to a doctor and/or hospital may take several hours, and in the event of inclement weather, may not be possible at all.Do you have any condition that may prevent you from traveling to/from an offshore location or remote site or safely performing your work for the period of time specified above?(If you answer “yes”, Houston Health Services must review and approve)If YES, please describe:       | [ ]  Yes[ ]  No |
| The site you are visiting may have a drug and alcohol program in effect, under which you may be subjected to random and/or for-cause searches or testing for alcohol and certain drugs. Failure to consent to any such search or testing will disqualify you from visiting the site.Do you consent to random or for-cause testing of drugs and alcohol?(If you answer “no”, you will not receive authorization to travel) | [ ]  Yes[ ]  No |

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| Employee/Contractor Authorization |  | Senior Line Manager |
| Name (print): |       |  | Name (print): |       |
| Title: |       |  | Title: |       |
| Date: |       |  | Date: |       |
| Signature: |  |  | Signature: |  |