



Employee's Workplace Exposure & Health (WEH) Record

[This record shall move along with an employee's transfer and retained by Medical Rep.]

General Information

Name of Employee & Employee No.		Date of Birth	
Date of Employment in OGDCL		Previous Experience (Years)	
Previous (Last) Employer		Previous (Last) Nature of Job	

Exposure Analysis / Trend

Time-period	Posting Field / Plant / Location	Job-Title	Department / Section	Substances, agents, or work conditions, contributing to the possible health hazards	Route of exposure like inhalation, skin contact, ingestion, or other?	Duration of Exposure per day or per month	Possible Health Hazards	Medical status / condition of employee	Type of Medical Assessment / Tests Conducted or to be conducted	Frequency of Medical Assessment / Tests



Oil & Gas Development Company Limited

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OGF - HSE - 050(00)

Medical History / Trend

Occupational Illness	Medication	From - To	Injuries (Inflicted)	Treatment	From-To

Last Updated by: **Location Medical I/c** _____

Date: _____