



## Employee's Workplace Exposure & Health (WEH) Record

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

### General Information

<b>Name of Employee &amp; Employee No.</b>		<b>Date of Birth</b>	
<b>Date of Employment in OGDCL</b>		<b>Previous Experience (Years)</b>	
<b>Previous (Last) Employer</b>		<b>Previous (Last) Nature of Job</b>	

### Exposure Analysis / Trend

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



# 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: \_\_\_\_\_