

TO BE COMPLETED BY ALL TRANSFEREES

I agree that specialists and hospitals may inform Panaga Health Centre, Brunei Shell Petroleum Company of medical information regarding myself and / or my family (as would normally be conveyed to my general practitioner)

I understand and agree that my examining doctor may provide the medical transfer focal point or medical officer of Panaga Health centre, Brunei Shell Petroleum Company with my medical information as relevant to my posting, either on paper or electronically (E-mail or restricted Shell Wide Web Access).

NAME: _____

DATE OF BIRTH: _____

SIGNATURE: _____

SIGNATURE PARENT / GUARDIAN: _____

DATE: _____

HIV TEST

I hereby consent to the results of my HIV test in respect of my visit /transfer to Brunei Shell Joint Ventures being made available to Medical transfer focal point or medical officer at Panaga Health Centre, Brunei Shell Petroleum Company.

I understand that this is a country requirement needed to obtain a work permit. I confirm that I have received pre-counseling regarding this test.

In case of positive HIV antibodies in my blood, I want to be informed about the result via telephone number:.....

Or via e-mail:.....@.....

PHC3

CONSENT

Signed: _____

Date: _____