

EI 3583

Medical fitness assessment for wind turbine workers

In partnership with



MEDICAL FITNESS ASSESSMENT FOR WIND TURBINE WORKERS

First edition

March 2025

Published by

Energy Institute, London

The Energy Institute is a professional membership body incorporated by Royal Charter 2003
Registered charity number 1097899

The Energy Institute (EI) is the chartered professional membership body for the energy industry, supporting over 23 000 individuals working in or studying energy and 200 energy companies worldwide. The EI provides learning and networking opportunities to support professional development, as well as professional recognition and technical and scientific knowledge resources on energy in all its forms and applications.

The EI's purpose is to develop and disseminate knowledge, skills and good practice towards a safe, secure and sustainable energy system. In fulfilling this mission, the EI addresses the depth and breadth of the energy sector, from fuels and fuels distribution to health and safety, sustainability and the environment. It also informs policy by providing a platform for debate and scientifically-sound information on energy issues.

The EI is licensed by:

- the Engineering Council to award Chartered, Incorporated and Engineering Technician status, and
- the Society for the Environment to award Chartered Environmentalist status.

It also offers its own Chartered Energy Engineer, Chartered Petroleum Engineer, and Chartered Energy Manager titles.

A registered charity, the EI serves society with independence, professionalism and a wealth of expertise in all energy matters.

This publication has been produced as a result of work carried out within the Technical Team of the EI, funded by the EI's Technical Partners. The EI's Technical Work Programme provides industry with cost-effective, value-adding knowledge on key current and future issues affecting those operating in the energy sector, both in the UK and internationally.

For further information, please visit <http://www.energyinst.org>

The EI gratefully acknowledges the financial contributions towards the scientific and technical programme from the following companies:

ADNOC	Petronas
BAPCO	Phillips 66
BP Oil UK Ltd	Prax
Chevron North Sea Ltd	Qatar Petroleum
Chevron Products Company	Q8Aviation
CNOOC	Repsol
Corio	RWE npower
DCC Energy	Saudi Aramco
Drax Group	SGS
EDF Energy	Shell U.K. Exploration and Production Ltd
Equinor	Siemens Gamesa Renewables
Exolum	Spirit Energy
ExxonMobil International Ltd	SSE
Harbour Energy	TAQA
Iberdrola	TotalEnergies
Ithaca Energy	Uniper
Intertek	Valero
Marathon Petroleum Corporation	Vattenfall
Neptune Energy	Vestas
Neste	Vitol Energy
Ocean Winds	Woodside
Ørsted	World Fuel Services

However, it should be noted that the above organisations have not all been directly involved in the development of this publication, nor do they necessarily endorse its content.

Copyright © 2025 by the Energy Institute, London.

The Energy Institute is a professional membership body incorporated by Royal Charter 2003.

Registered charity number 1097899, England

All rights reserved

No part of this book may be reproduced by any means, or transmitted or translated into a machine language without the written permission of the publisher.

ISBN 978 1 78725 466 4

Published by the Energy Institute

The information contained in this publication is provided for general information purposes only. Whilst the Energy Institute and the contributors have applied reasonable care in developing this publication, no representations or warranties, express or implied, are made by the Energy Institute or any of the contributors concerning the applicability, suitability, accuracy or completeness of the information contained herein and the Energy Institute and the contributors accept no responsibility whatsoever for the use of this information. Neither the Energy Institute nor any of the contributors shall be liable in any way for any liability, loss, cost or damage incurred as a result of the receipt or use of the information contained herein.

Hard copy and electronic access to EI and IP publications is available via our website, <https://publishing.energyinst.org>.

Documents can be purchased online as downloadable pdfs or on an annual subscription for single users and companies.

For more information, contact the EI Publications Team.

e: pubs@energyinst.org

CONTENTS

	Page
Acknowledgements	4
1 Purpose and scope	5
2 Principles	6
3 Demands of wind turbine work	7
4 Medical fitness assessment of wind turbine workers	8
5 Medical examination	10
5.1 Cardiovascular system	10
5.2 Respiratory function	11
5.3 Nervous system	11
5.4 Psychological disorders	12
5.5 Musculoskeletal system	12
5.6 Vision	12
5.7 Hearing impairment	13
5.8 Body size and habitus	13
5.9 Medication	14
5.10 Skin disease	14
5.11 Gastrointestinal disorders	14
5.12 Genitourinary disorders	15
5.13 Gynaecological conditions	15
5.14 Endocrine disease	15
5.15 Haematological disorders	16
5.16 Malignancies	16
6 Visitors	17
Annexes	
Annex 1 Questionnaire for medical fitness for wind turbine work	18
Annex 2 Questionnaire for medical fitness for visitors to wind turbines	21
Annex 3 Certificate of medical fitness for wind turbine work	24
Annex 4 Certificate of medical fitness for visitors to wind turbines	25

ACKNOWLEDGEMENTS

The Energy Institute (EI) wishes to record its appreciation of the work carried out by the authors of this technical publication: Dr Mike Doig (Independent) and Dr Sarah Jackson (EDF). Their work was steered by EI's Health Technical Committee (HTC) and the G+ Global Offshore Wind Health and Safety Organisation (G+) Health and Wellbeing Work Group.

Industry representatives and clinicians from the following EI/G+ member companies contributed to the development of this document. They were supported by the involvement of international medical fitness assessment providers. The EI would like to thank them for their support in providing their time and expertise.

bp
Conoco Phillips
EDF
Equinor
GE
German Society for Maritime Medicine
Iberdrola
International SOS
Medical Office Denmark
Ocean Winds
OEUK
Ørsted
RWE
Shell
SSE
University of Portsmouth
Van Oord
Vattenfall

1 PURPOSE AND SCOPE

Working on wind turbines whether onshore or offshore, is physically and mentally demanding, and requires robust medical fitness and physical capacity evaluations to ensure worker safety and performance.

The purpose of this guidance document is to provide a framework to assist in undertaking the medical fitness assessment for personnel working in the wind energy sector. It aims to provide a consistent, industry-aligned approach to medical fitness evaluations, fostering uniformity in processes, terminology, and the interpretation of results. By doing so, it enables contractors and workers to transition seamlessly across providers through a fair and standardised assessment system.

Medical fitness assessments should be conducted before physical capacity evaluations to mitigate risks associated with physical exertion. (see *EI Health technical note: The difference between a medical and physical capacity assessment*). This guidance document, whilst intended for international adoption, also enables alignment with local legislative requirements where required. It applies to key personnel within the wind energy industry who regularly work on and climb wind turbines, both on and offshore, as well as visitors (see Section 6), ensuring comprehensive coverage across roles in the sector.

This guidance document has been developed by experienced clinicians, working and undertaking regular medical assessments in the onshore and offshore wind industry, and incorporates lessons learned from the wider offshore energy industry. It will be delivered in partnership with medical fitness certification providers, including Offshore Energies UK (OEUK) and Element NL.

Our intent is that this document will undergo regular review by an industry expert group under the auspices of the Energy Institute, incorporating new medical knowledge, standards, and operational feedback provided by users of this document, including medical fitness certification and national accreditation bodies.

Updates will be published at least every five years, or as needed to address significant changes in practice. By establishing a common approach, the guidance enhances and supports effective communication and trust between wind energy companies, contractors, and assessment providers, and will contribute to safe and efficient operations across the industry.

This guidance document relates to medical fitness assessments and not statutory health surveillance.

2 PRINCIPLES

The wind energy industry needs to ensure the safe and effective operation of its workforce, and to fulfil this requirement, workers need to be medically fit and physically and mentally capable of performing their core job tasks without incident.

To achieve this, regular medical fitness for task assessments are required that involve a two-part assessment: firstly, the careful medical assessment of the individual to identify and understand any medical or psychological conditions that might affect their function in the workplace; followed by a separate physical capacity assessment to ensure that the individual can safely participate in and complete the key functions and tasks of their job without posing a threat to themselves or others.

3 DEMANDS OF WIND TURBINE WORK

The demands of the following activities should be considered when conducting medical assessments:

- The method of transport to and from the workplace may have separate regulations if the individual is working on a remote offshore platform. Sea survival training may be required for some offshore turbines, which requires adequate mobility and a stable, robust mental state.
- Exertion – climbing tall vertical ladders and potentially assisting with the rescue of an ill or injured colleague at height and/or in a confined space activity. When there is no lift or when the lift is out of service, it is necessary to climb a long vertical ladder to access the nacelle.
- Challenging thermal environments include:
 - A potentially hot working environment within the nacelle, especially in summer. This presents a cardiovascular and thermoregulatory challenge.
 - Work in cold, wet, and adverse conditions. The sea voyage to offshore turbines and climbing vertical ladders (both external and internal) can expose workers to very low temperatures and sea spray. Onshore turbines are also typically located in exposed, remote areas.
- Work in confined space scenario (e.g., on and under the generator, in the hub and internals of blades, etc.).
- Potential for extended and unscheduled long working hours and shift systems.
- The transfer from a vessel to the tower platform may be physically and psychologically challenging.
- Communication challenges of noisy environments (from mechanical tools or marine engines) and use of radio phones.

4 MEDICAL FITNESS ASSESSMENT OF WIND TURBINE WORKERS

This document outlines the guidance for assessing an individual's medical fitness for their defined role as a wind turbine worker. This assessment aims to evaluate individuals to identify medical conditions and/or risk factors that might restrict or compromise their functional capacity in the workplace, during related obligatory tasks or training, or pose a risk to their own or others' health and safety. Medicals should elicit when an individual's condition may:

- Result in a reduction in capability, or limit, reduce, or prevent them from performing the essential job tasks safely or effectively (e.g. musculoskeletal conditions that limit mobility or carrying).
- Be exacerbated or made worse by the job (e.g. excessive physical exertion in cardiorespiratory illness; exposure to certain allergens in asthma).
- Make certain tasks and work environments unsafe to them personally (e.g. susceptibility to sudden loss of consciousness in a hazardous situation; risk of damage to the remaining eye or ear in an individual with monocular vision or unilateral hearing).
- Create a potential situation of compromised safety for others, including fellow workers and/or the public.
- Pose a risk to the wider community.

When considering medical fitness, the clinician should consider:

- The individual's medical fitness for the role, the tasks associated with the role and related training.
- The individual's medical fitness to travel to and from the workplace.
- The individual's medical fitness to work in a remote location where access to emergency healthcare may be more challenging, certainly delayed or non-existent.

To aid the assessment process, each job function will be regularly evaluated, analysed and documented by the industry so that the authorised physician can form a holistic understanding of the workplace environment including the potential for geographical remoteness, the transport to and from site, expected shift work, personal protective equipment (PPE) requirements, specific workplace conditions and both the key job tasks, and any personal job tasks, expected of the individual presenting themselves for medical fitness evaluation.

This process, when properly completed, results in the individuals undergoing a comprehensive assessment by the medical professional, ensuring that each worker is evaluated individually, with consideration given to the risks posed by any identified medical conditions to either themselves or others.

It will ensure that during this process:

- no-one is unfairly excluded;
- where possible, reasonable adjustments are considered, and that
- any medical conditions are correctly evaluated with respect to their potential impact on the unique workplace associated with wind turbines.

Part one – the candidate will fill in and sign the medical questionnaire which covers current and potential medical conditions, medical treatment, medication and alternative therapies. An example of such questionnaire is provided in Annex 1.

Part two – the candidate will be reviewed and examined by a clinician who is deemed to be competent by and is under the supervision of, a suitably qualified occupational physician.

The clinician will record the results on the medical screening form (see Annex 1) to complete a certificate of medical fitness for wind turbine work. An example of such a certificate is provided in Annex 3.

The completed forms are then reviewed by the clinician to collate the results and make an individual risk assessment related to any positive findings, or if necessary to make further enquiry through the candidate's general practitioner or hospital consultant.

The individual risk assessment is based on any diagnosed or incidental medical conditions, how they affect the individual, the response to treatment, the likelihood of relapse, and how any episodes of exacerbation or relapse or effects of ongoing medication may affect the individual or others around them. At the same time, the assessment should achieve a balance that recognises the need for robust, fair, and transparent evaluation if employment is to be denied on medical grounds.

If an individual is thought to be medically unfit for wind turbine work this should be discussed with the authorised physician before the outcome is declared.

The following are the key elements of consideration:

- Diagnosis, aetiology and prognosis of any medical conditions.
- Impact of current or planned treatment.
- Risk of relapse or acute exacerbations that could require urgent medical intervention.
- Risk of any adverse effects that could be precipitated or exacerbated by the remote environment.
- Significantly restricted and remote access to emergency and specialist medical support, facilities and supplies.

Examining clinicians should ensure that the individual does not have any medical condition which is likely to impair their ability to safely perform the essential duties required for their defined position and role, and that the performance of such duties is unlikely to have significant adverse effect on any identified medical condition. Examining clinicians should also identify any conditions which may impact on the medical fitness of an individual to undertake the physical capacity assessment.

Should an individual's condition impact on their ability to undertake their role such that they are unfit or are restricted in their duties but require medical intervention or treatment, then the examining clinician should, where appropriate, reassess the individual at a suitable interval following completion of the treatment.

5 MEDICAL EXAMINATION

An assessment will be carried out consisting of:

- height, weight and calculation of body mass index (BMI);
- pulse and blood pressure;
- vision screening for both distance and near vision;
- colour vision;
- hearing – initially screened by a whisper test;
- locomotor system, and
- grip strength.

These examinations will be undertaken every two years unless required more frequently as advised by the authorised physician.

5.1 CARDIOVASCULAR SYSTEM

Established or suspected cardiovascular impairment should be treated with significant concern when assessing medical fitness for exertional and/or remote roles. If cardiac pathology is identified, this will need to be investigated and a specialist opinion sought.

The cardiovascular system should be free from any acute or chronic disease that causes significant symptoms, incapacitation or interference with function.

Consideration should be given to such conditions, including but not limited to:

- history of myocardial infarction;
- congenital heart disease;
- valvular heart disease;
- ischemic heart disease;
- cardiac arrhythmias (consider the presence of pacemakers or implantable cardioverter defibrillators);
- cerebro-vascular disorders;
- hypertension;
- cardiomyopathy ;
- arterial claudication;
- aortic aneurysm, and
- heart failure.

Following the cardiovascular assessment, any form of cardiac pathology identified should be further investigated and specialist opinion should be obtained if not already documented. Hypertension controlled, if necessary, by medication may be acceptable providing the medication does not limit exercise tolerance.

5.2 RESPIRATORY FUNCTION

Individuals will have to have sufficient respiratory reserve for the expected mobility to safely transfer and/or access the workplace and for most roles will include the climbing of ladders wearing PPE and carrying equipment. They should be able to complete their normal designated duties without becoming unduly breathless.

All wind turbine workers should be examined for evidence of respiratory impairment. Pulmonary function tests may form part of this assessment. When assessment confirms a compromised respiratory system, this may render an individual medically unfit.

Consideration should be given to such conditions, including but not limited to:

- asthma;
- obstructive or restrictive pulmonary disease;
- history of pneumothorax or bullae;
- pulmonary tuberculosis;
- obstructive sleep apnoea, and
- history of chest trauma.

Asthma/chronic obstructive pulmonary disease (COPD) controlled, if necessary, by medication may be acceptable providing the medication does not limit exercise tolerance.

5.3 NERVOUS SYSTEM

Any conditions that have:

- a history of, or may result in loss of,
 - consciousness;
 - syncope, and
 - vertigo.
- any significant deficit in cognitive function, or
- loss of muscular power, balance, mobility, sensation or coordination,

should be fully investigated and will normally render the individual medically unfit for windfarm duties.

Consideration should be given conditions including, but not limited to:

- epilepsy;
 - multiple sclerosis;
 - Parkinson's disease;
 - narcolepsy;
 - sleep disorders;
 - brain tumours;
 - cerebrovascular disease;
 - cranial surgery;
 - Meniere's disease, and
 - traumatic brain injury.
-

5.4 PSYCHOLOGICAL DISORDERS

Psychological problems and their impact on the individual's ability to function are often difficult to assess and quantify but are important in any emergency situation and safety critical environment with its associated stressors.

Phobic anxiety relating to heights or confined spaces is concerning. Evidence of current or a recent history of substances or alcohol misuse or dependence will normally render an individual medically unfit.

Consideration should be given to conditions including, but not limited to:

- history of depression, bi-polar, or anxiety disorders;
- psychoses or psychotic disorders;
- personality disorders;
- phobias, and
- drug and alcohol misuse or dependence.

5.5 MUSCULOSKELETAL SYSTEM

The examining clinician should examine the musculoskeletal system to exclude any pathology that would interfere with the execution of the individual's essential job functions. At a minimum, this evaluation will include confirmation that the following are within the normal range: active range of motion, limb strength, flexibility and joint integrity of lower back, neck, shoulders, elbows, wrists, hands, hips, knees and ankles. In addition particular attention should be paid to any history of neck or back disorders.

Any acute or chronic recurrent disease affecting the joints, bones, muscles, peripheral nerves, or conditions which significantly impair mobility, balance coordination, dexterity or ability to perform duties in a safe efficient fashion, or to escape in an emergency will normally render the individual medically unfit.

Consideration should be given to conditions including, but not limited to:

- significant joint disease or injuries;
- wasting diseases that result in loss of power or coordination;
- skeletal conditions affecting strength of the bones, and
- history of recurrent lower back pain with or without sciatica.

5.6 VISION

Corrected and uncorrected visual acuity should be adequate to enable the individual to work safely and effectively with the ability to read distant and near communications. Any eye disease or ophthalmic condition interfering with capability and which is unsuitable for refractive correction will normally render the individual unfit to work in an operative role.

For distant vision, a minimum standard of 6/9 in the best eye is required, using appropriate corrective lenses if necessary. These lenses may need to be compatible with breathing apparatus (BA) use for individuals using this equipment.

Visual fields should be normal. Monocular/colour vision should be flagged and assessed if it has any impact on task.

Monocular/colour vision needs to be adequate for the tasks to be undertaken and may not be required for all functions – make specific enquiries if a deficit is detected.

Consideration should be given to conditions including, but not limited to:

- glaucoma;
- uveitis;
- cataract;
- diplopia, or
- visual field defects.

5.7 HEARING IMPAIRMENT

Any impairment of balance or significant permanent hearing loss interfering with satisfactory communication would normally render an individual medically unfit. Individuals should be able to hear conversational speech without difficulty in a clinical setting. Where there is concern about an individual's ability to hear, a functional assessment or objective testing such as audiometry should be considered.

A hearing impairment in excess of 35 dB(A) in the better ear (averaged over 0,5, 1,2 kHz) may raise doubts about the ability of an individual to hear in a hazardous environment. Such cases should be individually assessed by the examining clinician and a functional assessment considered.

Consideration should be given to such conditions, including but not limited to:

- vestibular conditions;
- otosclerosis;
- noise-induced hearing loss, and
- age-related hearing loss.

5.8 BODY SIZE AND HABITUS

Obesity is not a medical condition, although over time it may directly or indirectly result in the development of significant or insidious medical pathology. However, the employee should not compromise their own safety or the safety of others (i.e. for rescue parties or ER teams) and may need to demonstrate that they can perform the essential duties of their role wearing the appropriate PPE. There are also weight limits for some of the safety equipment and this should be considered.

The individual should be of a size that allows them to access the critical areas of their operational role and don the necessary PPE for their function retaining a full range of movement and ability to use any equipment without restriction. Aspects of this will be assessed in the physical capacity assessment and the clinician may wish to review the patient with the results of this assessment.

5.9 MEDICATION

All medication, whether prescribed, over the counter or alternative must be reviewed bearing in mind its potential impact on the performance of the individual in the workplace and potentially elevated, cramped and remote environments. Specific consideration must be given to medication which may affect the level of consciousness, performance or judgement.

Here where height and balance are critical factors, medications, which by their nature cause drowsiness and impair alertness, would not normally be acceptable. Other drugs with these potential side effects should be carefully evaluated to determine the effect they are having on the individual's performance.

Any individual taking medication (prescribed or over the counter) should be assessed to determine:

- Any serious underlying medical condition as identified in systematic evaluation as above and level of control affected by the medication.
- Any therapeutic side effects that may interfere with the individual's performance or compromise safety.
- Medical conditions that would deteriorate significantly and quickly should a medication be missed through poor compliance, loss, or unavailability through prolonged or significantly delayed return to medical care.

5.10 SKIN DISEASE

Any skin conditions that interfere with the use of PPE should be considered. Skin conditions that might be exacerbated by the working environment should be identified and appropriate steps taken to mitigate their impact.

5.11 GASTROINTESTINAL DISORDERS

The functional issues surrounding the impact of potential bowel disturbance during operative shift will need to be fully considered and assessed. A history of previous gastrointestinal (GI) bleed, acute peptic ulceration or a presence of a hernia which may become strangulated would normally render the individual medically unfit.

Individuals with inflammatory bowel disease should be stable on treatment with a documented low risk of recurrence.

Consideration should be given to conditions including, but not limited to:

- peptic ulceration;
- inflammatory bowel disease;
- stoma, and
- hernia.

5.12 GENITOURINARY DISORDERS

Any genitourinary condition or treatment for that condition that would interfere with the mobility of the individual, or condition that might result in increased frequency of micturition would normally render an individual medically unfit for wind turbine work.

Renal calculi that could cause colic or obstruction should be fully evaluated before a medical fitness certificate is issued.

5.13 GYNAECOLOGICAL CONDITIONS

Wind turbine workers who declare that they were female at birth should be advised to discuss any possible pregnancy with the clinician in confidence to ensure that undertaking and physical capacity assessments will not pose a risk to the pregnancy. Care should be taken with gynaecological conditions which limit function either on an intermittent or permanent basis.

5.14 ENDOCRINE DISEASE

Endocrine disease requiring ongoing treatment will need to be carefully assessed. Mild conditions where isolation from treatment would not cause functional incapacitation may be acceptable.

Individuals with diabetes should be individually assessed before a medical fitness certificate is issued the risk of hypoglycaemia and the dependence on regular medication should be carefully considered – especially for roles where the individual will be working at height and in isolation. Individuals with diabetes may be considered to be medically fit if the individual can show that they are stable and fully functional with no significant side effects from their treatment.

Thyroid disease should not affect capability providing the individual is confirmed as euthyroid on treatment.

Other endocrine disorders must be handled on a case-specific basis. However, adrenal insufficiency or over-activity and pituitary dysfunction will usually require specialist reports confirming no compromise of function.

Consideration should be given to conditions including, but not limited to:

- diabetes;
- thyroid disease;
- adrenal disease, and
- metabolic disorders.

5.15 HAEMATOLOGICAL DISORDERS

Conditions which increase the chance of haemorrhage (including the use of anticoagulants) or impairment of circulation would normally render an individual medically unfit. Anaemia should be investigated and assessed following treatment of underlying condition. Individuals with leukaemia and lymphomas will need specialist review to assess their medical fitness to perform windfarm activities (see 5.16 Malignancies).

Consideration should be given to such conditions, including but not limited to:

- significant anaemia;
- coagulation disorders;
- treatment with anti-coagulants;
- deep vein thrombosis (DVT)/pulmonary embolism;
- sickle cell disease;
- leukaemia;
- lymphoma, and
- immunosuppressive disorders.

5.16 MALIGNANCIES

An individual with a history of malignancy should be fully evaluated before a medical fitness certificate is issued. Individuals who are in remission following treatment will require regular review to confirm that there is no recurrence of their condition. The frequency of this will depend on the malignancy, stage, prognosis and oncology review schedule.

Individuals on chemotherapy would not usually be considered medically fit during treatment due to the possible acute and chronic side effects associated with this type of treatment.

6 VISITORS

People from external companies and organisations may visit wind energy installations. Risks associated especially with offshore activities depend, among other things, on the duration of the offshore stay. Therefore, visitors are at a lower risk than employees who work full-time or primarily in the offshore environment.

The following procedure is recommended for offshore visitors:

For visits of up to 12 hours, a certificate of medical fitness for wind turbine work is not required. However, visitors should complete the visitors' health questionnaire (see Annex 2). If they have an uncomplicated medical history, they may be considered suitable for the offshore visit. If deemed fit the visitor will be issued with a certificate of medical fitness to visit (see Annex 4). This declaration should be presented to the company at the time of embarkation or departure.

The certificate is valid for one year. The detection of an illness or a health problem does not mean that the visit is excluded, but it does require an appointment with a competent occupational health professional.

ANNEX 1

QUESTIONNAIRE FOR MEDICAL FITNESS FOR WIND TURBINE WORK



Questionnaire for medical fitness for wind turbine work

First name		Last name	
Date of birth		Sex at birth	
Telephone nr.			
Address			

Employer			
Job role			
Type of work (onshore/offshore)			
Additional tasks (medical response/firefighting)			
Method of transport to workplace			

Date of initial examination			
Date of follow-up examination			
Date of last examination		By whom	
Restrictions/outcome			

PART 1 – MEDICAL HISTORY

a)	Do you have any current health problems, have you seen a doctor or had hospital treatment since your last assessment?	☐ Yes	☐ No
	If yes, please give details:		
b)	Are you currently on any medication, tablets, ointments or other treatments?	☐ Yes	☐ No
	If yes, please give details:		
c)	Have there been any changes in personal health patterns, e.g. in smoking, drinking, weight, sleeping more/less, changes in diet, etc. in the last year?	☐ Yes	☐ No
	If yes, when, how long and for what?		
d)	Have you had any sickness absence in past year?	☐ Yes	☐ No
	If yes, when, how long and for what?		
e)	Have you had any operations or significant illnesses in the past (ever)?	☐ Yes	☐ No
	If yes, please give details:		
f)	Is there a history of illness in your family, particularly diabetes, heart disease, blood pressure, stroke, cancer, blood disorder?	☐ Yes	☐ No
	If yes, please give details:		
g)	Have you ever changed jobs, retired, or been advised not to drive on health grounds?	☐ Yes	☐ No
	If yes, please give details:		
h)	Are there any reasons you should not, or feel you may be incapable of, performing shift work, climbing ladders, entering confined spaces, bending, lifting or carrying loads, or doing strenuous physical work?	☐ Yes	☐ No
	If yes, please give details:		

PART 2 GENERAL HEALTH

Since your last assessment have you experienced any of the following? Please leave blank if not applicable.

	Yes	No		Yes	No
Skin rash or persistent sore?	☐	☐	Diabetes, epilepsy?	☐	☐
Sudden change in vision, double vision?	☐	☐	Fear of heights or enclosed spaces?	☐	☐
Swelling, lumps, aches or pains in breast, testicles, armpits, groin?	☐	☐	Anxiety, depression, nervous or mental illness, drug or alcohol problems?	☐	☐
Palpitations or irregularity in your heartbeat, high blood pressure?	☐	☐	Have you attempted suicide, self harm in the past?	☐	☐
Problems with stamina, or tolerating heat?	☐	☐	Loss of appetite, reduced concentration, moody or irritable?	☐	☐
Allergies?	☐	☐	Any back or neck pains, joint pains or stiffness?	☐	☐
Unintentional or unexplained weight loss?	☐	☐	Problems with agility or balance?	☐	☐
Difficulty hearing?	☐	☐	Problems with strength, dexterity, grip, reach or awkward postures?	☐	☐
Pain in your abdomen, gastric problems?	☐	☐	Persistent cough or coughed up blood?	☐	☐
Changes in bowel habit, diarrhoea, constipation?	☐	☐	Vomiting or vomited blood?	☐	☐
Asthma, wheezing or shortness of breath?	☐	☐	Persistent headache or migraine?	☐	☐
Pain or tightness in chest?	☐	☐	Pain or difficulty urinating, increased frequency?	☐	☐
Fits, faints, dizziness, giddiness, blackouts or lost consciousness for any reason (knocked out, head injury, passed out)?	☐	☐	Changes in sleeping pattern, difficulty sleeping, unusually early waking?	☐	☐
Vertigo?	☐	☐	Visual problems or colour blindness?	☐	☐
Dyslexia?	☐	☐	Drug or alcohol problems?	☐	☐
Asthma?	☐	☐	Sea sickness?	☐	☐

ANNEX 2

QUESTIONNAIRE FOR MEDICAL FITNESS FOR VISITORS TO WIND TURBINES



Questionnaire for medical fitness for visitors to wind turbines

First name		Last name	
Date of birth		Sex at birth	
Telephone nr.			
Address			

PART 1 – MEDICAL HISTORY

a)	Do you have any current health problems, have you seen a doctor or had hospital treatment since your last assessment?	☐ Yes	☐ No
	If yes, please give details:		
b)	Are you currently on any medication, tablets, ointments or other treatments?	☐ Yes	☐ No
	If yes, please give details:		
c)	Have there been any changes in personal health patterns, e.g., in smoking, drinking, weight, sleeping more/less, changes in diet, etc. in the last year?	☐ Yes	☐ No
	If yes, when, how long and for what?		
d)	Have you had any sickness absence in past year?	☐ Yes	☐ No
	If yes, when, how long and for what?		
e)	Have you had any operations or significant illnesses in the past (ever)?	☐ Yes	☐ No
	If yes, please give details:		

f)	Is there a history of illness in your family, particularly diabetes, heart disease, blood pressure, stroke, cancer, blood disorder?	☐ Yes	☐ No
	If yes, please give details:		
g)	Have you ever changed jobs, retired, or been advised not to drive on health grounds?	☐ Yes	☐ No
	If yes, please give details:		
h)	Are there any reasons you should not, or feel you may be incapable of, performing shift work, climbing ladders, entering confined spaces, bending, lifting or carrying loads, or doing strenuous physical work?	☐ Yes	☐ No
	If yes, please give details:		

PART 2 GENERAL HEALTH

Since your last assessment have you experienced any of the following? Please leave blank if not applicable.

	Yes	No		Yes	No
Skin rash or persistent sore?	☐	☐	Diabetes, epilepsy?	☐	☐
Sudden change in vision, double vision?	☐	☐	Fear of heights or enclosed spaces?	☐	☐
Swelling, lumps, aches or pains in breast, testicles, armpits, groin?	☐	☐	Anxiety, depression, nervous or mental illness, drug or alcohol problems?	☐	☐
Palpitations or irregularity in your heartbeat, high blood pressure?	☐	☐	Have you attempted suicide, self harm in the past?	☐	☐
Problems with stamina, or tolerating heat?	☐	☐	Loss of appetite, reduced concentration, moody or irritable?	☐	☐
Allergies?	☐	☐	Any back or neck pains, joint pains or stiffness?	☐	☐

	Yes	No		Yes	No
Unintentional or unexplained weight loss?	☐	☐	Problems with agility or balance?	☐	☐
Difficulty hearing?	☐	☐	Problems with strength, dexterity, grip, reach or awkward postures?	☐	☐
Pain in your abdomen, gastric problems?	☐	☐	Persistent cough or coughed up blood?	☐	☐
Changes in bowel habit, diarrhoea, constipation?	☐	☐	Vomiting or vomited blood?	☐	☐
Asthma, wheezing or shortness of breath?	☐	☐	Persistent headache or migraine?	☐	☐
Pain or tightness in chest?	☐	☐	Pain or difficulty urinating, increased frequency?	☐	☐
Fits, faints, dizziness, giddiness, blackouts or lost consciousness for any reason (knocked out, head injury, passed out)?	☐	☐	Changes in sleeping pattern, difficulty sleeping, unusually early waking?	☐	☐
Vertigo?	☐	☐	Visual problems or colour blindness?	☐	☐
Dyslexia?	☐	☐	Drug or alcohol problems?	☐	☐
Asthma?	☐	☐	Sea sickness?	☐	☐

ANNEX 3

CERTIFICATE OF MEDICAL FITNESS FOR WIND TURBINE WORK

This annex provides an example of a blank template that can be used for issuing certificates of medical fitness for wind turbine work.



Certificate of medical fitness for wind turbine work

Name:

Date of birth:

Address:

Date of issue:

Name of clinician undertaking assessment:

Name of authorised physician:

Occupational health service provider:

This is to certify that is fit to undertake wind turbine work in accordance with the guidance given in the Energy Institute's *Medical fitness assessment for wind turbine workers* (1st edition, 2025).

There are no restrictions required.

☐

The following restrictions apply:

The next medical assessment is required in 2 years.

☐

Expiry date:

ANNEX 4

CERTIFICATE OF MEDICAL FITNESS FOR VISITORS TO WIND TURBINES

This annex provides an example of a blank template that can be used for issuing certificates of medical fitness that may be required for visitors to wind turbines.



Certificate of medical fitness for visitors to wind turbines

Name:

Date of birth:

Address:

Date of issue:

Name of clinician undertaking assessment:

Name of authorised physician:

Occupational health service provider:

This is to certify that [full name] is fit to visit wind turbines [onshore/offshore] in accordance with the guidance given in the Energy Institute's *Medical fitness assessment for wind turbine workers* (1st edition, 2025).

The visit should not last for longer than 12 hours. This certificate is valid for one year after date of issue.

There are no restrictions required.

☐

The following restrictions apply.....

Expiry date:



Energy Institute
61 New Cavendish Street
London W1G 7AR, UK

t: +44 (0) 20 7467 7100
f: +44 (0) 20 7255 1472
e: pubs@energyinst.org
www.energyinst.org



9781787254664

ISBN 978 1 78725 466 4
Registered Charity Number: 1097899