

When completed this form shall be retained onboard and used only to facilitate proper medical treatment for the seafarer.
The original of this form should accompany the seafarer for treatment ashore and be returned to the ship after treatment.

1 Ship and Location Details

Ship's Name: _____ IMO Number: _____
Shipowner (as per DMLC Part II): _____
Location (Lat / Long or Port) at the onset of illness or injury: _____
Next Port: _____ ETA (Date): _____

2 The Seafarer (Patient)

Full Name: _____ Sex: Male Female
Date of Birth: _____ Nationality: _____
Identity Document Number: _____ Passport Discharge Book Other
Position/Rank: _____
Date and Time off work: _____ Returned to work: _____

3 The Injury or Illness

Date and time of injury or onset of illness: _____
Date and time of first examination onboard: _____
Symptoms: _____ Findings of onboard examination: _____
Treatment administered onboard: _____ Condition of patient after treatment: _____
Medical Advice Required: Yes No Shore Treatment Required: Yes No
MEDIVAC Required: Yes No Date and time MEDIVAC undertaken: _____

Master's Full Name: _____
Date: _____

Master's Signature

4 Remote Medical Assistance (If Required)

Name of Medical Advisor: _____
Date and time of first contact with medical advisor: _____
Medical Advice Received: _____

5 FOR USE BY THE EXAMINING PHYSICIAN

After examination of the patient, please complete this form and return to the ship's master (or local agent).
Please enclose all relevant medical reports when returning this form.

Diagnosis:

Treatment or Medication Administered:

Further Treatment or Medication Required:

Further Physicians Visit Required: Yes No Suggested Date for Next Examination:

Estimated duration of illness or incapacity (Days):

To be Completed if Patient is FIT FOR WORK

Fit for work now Fit for work from , Date: Fit for work with restrictions

Details of any restrictions on work:

To be Completed if Patient is UNFIT FOR WORK

Unfit for work now Estimated Duration (Days):

Bed Rest Required Estimated Duration (Days):

The patient should leave the ship and be: Admitted to Hospital Repatriated

Patient May Travel by Air Unaccompanied Only With Medical Escort

Medical Treatment Required at Final Destination:

Declaration by Physician

Date of this Medical Examination:

Charge for Examination: Payment Received: Yes No

Full Name, Address and Telephone of Physician:

Physician's Signature

Physician's Stamp