



IBH - 009

# Primary Physician's Report Form

(For use by an on-shore physician caring for a sick or injured seafarer)

## Administrative Information

Patient:			
Surname		First name	
Sex		Date of birth (dd-mm-yyyy)	
Nationality		Occupation	
Seafarer registration No.			

Insurance claims administrator/Ship's agent :			
Name		Telephone No.	
Claims reference No.		Fax No.	
E-mail address			

Employer:			
Name			
Telephone No.		Fax No.	

## Medical Information

Key dates:	
Date of injury or of onset of illness (dd-mm-yyyy)	
Dates of previous medical consultations (dd-mm-yyyy)	
Date of current consultation (dd-mm-yyyy)	

<b>History:</b>
Symptoms or (in the case of injury) circumstances:
Personal history pertinent to current illness:
Clinical examination:
Findings of diagnostic tests (X-ray, CT or MRI scans, lab. tests, etc.):
Diagnoses: 1. 2. 3.
Summary notes of contact with telemedical service:
Treatment prescribed:
Suggested follow-up action (examinations, tests, treatment, etc.):
Fitness to work and restrictions on shipboard activities:

### **Physician's Professional Identity**

Name	
Issued by	
Date issued	
Specialty	
Telephone No.	
Fax No.	
Office address	
Signature	