



SHIP MASTER'S MEDICAL REPORT FORM

(in compliance with Regulation 4.1 of the Maritime Labour Convention, 2006)

Date of report:	
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Ship's Identity and Navigation Status

Name:	
Owner:	

Name and address of on-shore agent:	
Position (latitude, longitude) at onset of illness:	
Destination and ETA (expected time of arrival):	

The Patient and the Medical Problem

Surname and first name:		
Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of birth (dd-mm-yyyy):		
Nationality:		
Seafarer registration number (if any) or passport / seaman's book number:		
Shipboard job title:		
Hour and date when taken off work:		
Hour and date when returned to work :		

Injury or Illness

Hour and date of injury or onset of illness:	
Hour and date of first examination or treatment:	
Location on ship where injury occurred:	
Circumstances of injury:	

Symptoms:	
Findings of physical examination:	
Findings of X-ray or laboratory test:	
Overall clinical impression before treatment:	
Treatment given on board:	
Overall clinical impression after treatment:	

Telemedical Consultation

Hour and date of initial contact:	
Mode of communication (radio, telephone, fax, other):	
Surname and first name of telemedical consultant:	
Details of telemedical advice given:	

* All relevant medical reports should be attached to this form