

IBH - 007

PE



International Border Health
Health Protection Agency
Ministry of Health, Republic of Maldives

PATIENT HEALTH STATUS FORM

(TO ACCOMPANY PATIENT BEING EVACUATED)

Surname and First Name:

Age (Years):

Sex:

Time (Hour) and Date:

Vital Signs:

Blood Pressure (Systolic/Diastolic):

Pulse (Beats per Min):

Body Temperature (Oral), note F or C:

Presenting Medical Problem:

(Symptoms, Site(s) of pain or injury, Time of onset, Duration of problems, Contributing Factors)

Treatment Given:

(Medication, Dressings, Etc.)

Tele-medical Advice Received:

Other Current Medical Problems:

Past History of Significant Medical Problems:

Current Medication Being Taken:

(Generic and Brand Names; Dosage; Time of Last Dose)

Declaration:

I hereby declare that the particulars and answers to the questions given in this form are true and correct to the best of my knowledge and belief.

Name of the Applicant: _____

Date: ___/___/____ (DD/MM/YYYY)

Signature & Stamp: _____

- Submit this form with a copy of Ship Master's Medical Report Form and a copy of Patient's Passport.

FOR OFFICIAL USE ONLY

Assessing Health Officer:

Received date:

Signature:

List of documents presented:

- Ship Master's Medical Report Form
 Passport / National I.D Copy

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