

<b>CREW ILLNESS REPORT</b>		Report No. DIA/001/00/C) Cruise n°	(eg
<b>PRIVATE &amp; CONFIDENTIAL - FOR THE ATTENTION OF COMPANY SOLICITORS</b>			
Full Name		Agr.No.	
Rank/Rating	Patient's Nationality		
<b>DOCTOR'S REPORT</b>		Doctor's Name	
Ship	Date	Time	
Doctor's diagnosis.			
Treatment on board.			
Number of visits with dates.			
Was emergency treatment required ashore ?YES / NO		Were tests/x-ray recommended ? YES / NO	
Was the Patient sent to a shore doctor ?YES / NO If so, give the name and address of the hospital or doctor.		State/attach reports/results of tests/x-ray if known.	
Prognosis			
Signature of Doctor		Master's Signature	
1. The Doctor/Nurse is to complete this form for all serious illnesses reported by a crew member. 2. Serious Illnesses are to be reported immediately to the Crew Department. 3. The completed report is to be distributed as follows : ORIGINAL - Company Insurance Manager COPY - Ship's File 4. Reports are to be dispatched within two weeks. <div style="text-align: right;">ALL ENTRIES TO BE LEGIBLE.</div>			