ADVICE OF CREW MEDICAL REPATRIATION

(Please complete one form for each sick offsigner)

**OFFSIGNER**

|  |  |
| --- | --- |
| Date |  |
| Vessel |  |
| Rank |  |
| Full name |  |
| Nationality |  |
| Port of disembarkation |  |
| Date of repatriation |  |
| Flight leg repatriation |  |
| Nature of illness / injury |  |

**ONSIGNER**

|  |  |
| --- | --- |
| Reliever's name |  |
| Nationality |  |
| Port of embarkation |  |
| Date of embarkation |  |
| Flight leg replacement |  |

Please forward the ship's doctor certificate as well as any ashore medical reports as soon as available, to Crew Department, attention Administration Section.