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| **PASSENGER ILLNESS REPORT** | | Report No. (eg. DIA/001/00/P)  Cruise N° |
| **PRIVATE & CONFIDENTIAL - FOR THE ATTENTION OF COMPANY SOLICITORS** | | |
| Full Name | | Cabin No. |
| Patient's Occupation | Patient's Nationality | |
| Passenger Embarked In | | Date |
| Due to Disembarked At | | Date |
| **DOCTOR'S REPORT** | 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 | | |
| Name and Address of person accompanying patient. | | |
| Signature of Doctor | Master's Signature | |
| 1. The Doctor/Nurse is to complete this form for all serious illnesses reported by a passenger.  2. The Insurance managers for the Owner/Charterer and the Company are to be advised immediately.  3. The completed report is to be distributed as follows :  ORIGINAL - Owner's/Charterer's Insurance Manager  COPY - Company Insurance Manager  COPY - Ship's File  4. Reports are to be dispatched within two weeks. ALL ENTRIES TO BE LEGIBLE. | | |