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| **CREW ILLNESS REPORT** | | Report No. (eg DIA/001/00/C)  Cruise n° |
| **PRIVATE & CONFIDENTIAL - FOR THE ATTENTION OF COMPANY SOLICITORS** | | |
| Full Name | | Agr.No. |
| Rank/Rating | Patient's Nationality | |
| **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 | | |
| 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. ALL ENTRIES TO BE LEGIBLE. | | |