**MEDICAL ILLNESS AND INJURY REPORT**

This form is to be completed in the event that a seafarer becomes ill or injured and external medical advice is required.

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| Date and time of Report : | |  | | | | | | | | |
| AA) Ship Information | |  | | | | | | | | |
| Vessel name: | |  | |  | | | | Call sign: | |  |
| Name of Manager: | |  | | Type of ship and cargo: | | | |  | | |
| Name & Address of Next port Agent: |  | | | | | | | | | |
| Course: |  | | Speed: | |  | Position: | | |  | |
| Last port of call: |  | | Next port of call: | |  | ETA: | | |  | |
|  | | | | | | | | | | |
| Nearest port: |  | | | Estimated time of arrival to nearest port: | | |  | | | |
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| BB) Patient Details | |  | | | | | | | | | | |
| Name: |  | | Gender: | |  | | Date of Birth: |  | | Rank: | |  |
| Nationality: |  | | | Passport No.: | | | | | | |  | |
| Hours and Date when Taken off work: | |  | | | | Hours and Date when returned to work: | | |  | | | |
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| CC) Injury or Illness | |  | | | | | | | | | | | |
| Hours and Date of Injury or onset of illness: | |  | | | Hours and Date of first examination/treatment onboard: | | | | | |  | | |
| Location on board ship where injury occurred: | |  | | | | | | | | |  | | |
|  | |  | | | | | | | | |  | | |
| Is the illness / injury work related? | | | | Yes |  | | | No |  | If yes, please follow SMS procedure from Vol III Sec 15 | | | |
| Was the patient found unconscious following injury / illness? | | | | Yes |  | | | No |  | If yes, for how long? | |  | |
| Level of consciousness *(Tick one):* | | | | | | | | | |  | | | |
| Alert *(talking* *sensibly)* |  | | Verbal Stimuli *(responds to voice)* | | |  | Unresponsive  *(responds to none of the above)* | | | | | |  |
| Circumstances of illness/Injury: | |  | | | | | | | | |  | | |
| Symptoms: | |  | | | | | | | | | | | |
| Findings of physical Examination: | |  | | | | | | | | |  | | |
| Overall onboard impression before treatment: | |  | | | | | | | | |  | | |
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| **DD) History and Medication Taken** |  | | |
| Relevant medical history: *(past illness, injuries, operations, family history)* |  | | |
| Medications presently taken:  *(Provide further information at end of form, if necessary)* | Prescription name | Medical condition being treated | How often is medication taken? |
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| Any known allergies? *(medication, hay fever, food)* |  | | |
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| EE) Examination *(Reassess the vital signs every five minutes. If extended monitoring is required, use the supplementary sheet.)* | | | | | | |
|  | Body Temp | Blood Pressure | Pulse Rate | Respiratory Rate | Skin  *(cold, clammy pale, sweaty)* | Pupils *(size and reaction to light)* |
| Time |  |  |  |  |  |  |
| Time |  |  |  |  |  |  |
| Time |  |  |  |  |  |  |
| Describe appearance of affected parts:  *(in order of importance)* | |  | | | | |

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| Examination finding of affected parts: *(swelling, tenderness, lack of movement, etc.)* |  |
| Any blood / fluid loss, if so how much? |  |
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| **FF) Tele-medical Consultation** |  |
| Date and Time of initial Contact: |  |
| Mode of Communication : |  |
| Name of the Tele-medical consultant/Company: |  |
| Details of treatment advised: |  |
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| GG) Medical Treatment Given Onboard | | | | | | | | | |
| Medical treatment given prior to radio medical advice: | | |  | | | | | | |
| Medical treatment given after radio medical advice: | | |  | | | | | | |
| How is patient responding to treatment given: | | |  | | | | | | |
| Does the patient need to be removed from the vessel for further treatment? | | | | Yes |  | | No |  |  |
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|  | If yes: |  | | Port: | |  | | | |
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| Additional Notes / Comments: | | | | | | | | | |
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| HH) Supplementary Medical Examination Log  Use if vital signs need to be monitored over an extended period. | | | | | | | | |
| Reassess the vital signs every five minutes. | | | | | | | | |
| Time | Date  (dd/mm/yy) | Body Temp | Blood Pressure | Pulse Rate | Respiratory Rate | Skin  *(cold, clammy, pale, sweaty)* | Pupils *(Size and reaction to light)* | Initials |
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| Master |  |  |  |
|  | *(print name)* |  | *(signature)* |
| Chief Officer |  |  |  |
|  | *(print name)* |  | *(signature)* |
| Officer in Charge |  |  |  |
|  | *(print name)* |  | *(signature)* |