**MEDICAL TREATMENT REQUEST FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Vessel Name : |  |  | |
| Issued No: |  | Port: |  |
| Date: |  | Voyage No: |  |
| To: | Dr. |

You are kindly requested to give medical treatment to the mentioned person. Please return this completed form to him/her. As the vessel is expected to leave this port on                       , please treat accordingly.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Details of the crew (The Patient)** | | | | | | |
| Name: |  | Gender: |  |  | Date of Birth: |  |
| Nationality: |  | Rank: |  |  | Passport No. |  |
| Condition of the Patient: |  | | | | | |
|  | | | | | |

|  |  |
| --- | --- |
| The Master: |  |
|  | *(signature)* |

## Medical Report (to be filled out by the Doctor)

|  |  |
| --- | --- |
| Diagnosis: |  |
|  |  |
| Treatment given or examination: |  |
|  |  |
| Is the Illness due to an accident (Yes/No) : |  |
|  |  |
| Instruction: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Fit for duty. |  | May remain on board, but fit for light duties only for about \_\_\_\_ days. |
|  | Unfit for duty. |  | To be disembarked to get shore medical care & rest for \_\_\_\_ weeks. |
|  |  |  | To be hospitalized immediately. |
|  | Comments: |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Doctor’s name & signature: |  |  |  |
|  | *(print name)* |  | *(signature)* |
| Name of hospital: |  | | |