**Ship Master’s Report Form[[1]](#footnote-1)**

|  |  |
| --- | --- |
| Date of Report: |  |

**Ship’s Identity & Navigation Status**

|  |  |
| --- | --- |
| Vessel Name | Vessel Owner |
|  |  |
| Name & Address of on-shore agent |
|  |
| Position (Latitude, Longitude) at onset of illness | Destination & ETA (expected time of arrival) |
|  |  |

**The patient and the medical problem**

|  |  |
| --- | --- |
| Name (Family Name, Given Names) | Date of Birth (dd-mm-yyyy) |
|  |  |
| Gender | Nationality |
| Male [ ]  Female [ ]  |  |
| Shipboard Job Title | Seafarer Registration Number |
|  |  |
| Hour & Date when taken off work | Hour & Date when returned to work |
|  |  |

**Injury or Illness**

|  |  |
| --- | --- |
| Hour & date of injury or onset of illness | Hour & date of first examination or treatment |
|  |  |
| Location of ship when injury occured | Circumstances of injury |
|  |  |
| Symptoms | Findings of physical examination |
|  |  |
| Findings of X-ray or laboratory tests | Overall clinical impression before treatment |
|  |  |
| Treatment given on board | Overall clinical impression after treatment |
|  |  |

**Telemedical consultation**

|  |  |
| --- | --- |
| Hour & date of initial contact | Mode of communication (telephone, radio, fax, other) |
|  |  |
| Name (Family Name, Given Names) of telemedical consultant | Detaiils of telemadical advice given |
|  |  |

1. Attach all relevant medical reports to this report form [↑](#footnote-ref-1)