



Reason for Contact (Nature of Case): _____

Vessel Operations

Vessel Name: _____ Approximate Vessel Location: _____

Next Port: _____ Date/Time Expected in Next Port: _____

Master, Medical Officer, or Other Contact Person Aboard (Name): _____

Vessel Contact email: _____ Vessel Contact Phone: _____

Identification of Ill or Injured Person

Name: _____ DOB: _____ Sex: _____ Gender: _____

Date/Approximate Date Individual Joined the Vessel: _____

Date/Approximate Date Individual is Due to Sign-off the Vessel: _____

Medical History

List Known Medical Problems

List Past Surgical Procedures

List Current Medications Including Dose and Frequency Taken (e.g. Tylenol 650mg 4 times a day)
Include supplements, over-the-counter and prescription medicines and prescription medicines obtained without a prescription.

List Allergies (include allergies to medicines)

Other Contact Information

Personal email (optional): _____ Personal Phone (optional): _____

List Name, Phone Number, and Fax Number of Primary Care Physician, Dentist, and all Specialist Physicians