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|  | **Republic of the Marshall Islands****Maritime Administrator****Ship Master’s Report Form** |

\*Attach all relevant medical reports to this report form.

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| **Date of report:** |       |

**Ship’s Identity and Navigation Status**

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| **Name:** |       |

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| --- | --- |
| **Owner:** |       |

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| --- | --- |
| **Name and address of on-shore agent:** |       |
|       |
|       |

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| **Position (latitude, longitude) at onset of illness:** |       |

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| --- | --- |
| **Destination and ETA (expected time of arrival):** |       |

**The Patient and the Medical Problem**

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| --- | --- |
| **Surname and first name:** |       |

|  |  |
| --- | --- |
| **Sex:** | **Male** [ ]  **Female** [ ]  |

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| --- | --- |
| **Date of birth (dd-mm-yyyy):** |       |

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| --- | --- |
| **Nationality:** |       |

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| --- | --- |
| **Seafarer registration number:** |       |

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| --- | --- |
| **Shipboard job title:** |       |

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| **Hour and date when taken off work:** |       |

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| --- | --- |
| **Hour and date when returned to work:**  |       |

**Injury or Illness**

|  |  |
| --- | --- |
| **Hour and date of injury or onset of illness:** |       |

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| --- | --- |
| **Hour and date of first examination or treatment:** |       |

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| --- | --- |
| **Location on ship where injury occurred:** |       |

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| **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**

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| **Hour and date of initial contact:** |       |

|  |  |
| --- | --- |
| **Mode of communication (radio, telephone, fax, other):** |       |

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| --- | --- |
| **Surname and first name of telemedical consultant:** |       |

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| --- | --- |
| **Name of Maritime Telemedical Assistance Service (TMAS) center** |       |
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| **Unique case number:** |       |

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| **Details of telemedical advice given:** |       |