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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.

|  |  |
| --- | --- |
| **Date of report:** |  |

**Ship’s Identity and Navigation Status**

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| --- | --- |
| **Name:** |  |

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| --- | --- |
| **Owner:** |  |

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

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

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

**The Patient and the Medical Problem**

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

|  |  |
| --- | --- |
| **Sex:** | **Male**  **Female** |

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

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

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

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

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

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

**Injury or Illness**

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

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

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

|  |  |
| --- | --- |
| **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):** |  |

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

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

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