

MEDICAL INCIDENT CHECKLIST

GENERAL INFORMATION

Vessel Information

Name					
Call Sign	Flag	Course	Speed	Latitude	Longitude
Vessel Description				Length	

Communications

INMARSAT	TELEX	FAX	Cellular	Radio Freq

On Scene Weather

Winds	Seas	Swells	Vis	CI Cover	CI Ceiling
/	/	/			

Voyage Information

Last Port of Call		Date/Time	
Next Port of Call		Date/Time	

Contract Medical Provider & Agent

Contracted Medical Advice Provider	<i>Company Name/Attending Doctor</i>	<i>Telephone</i>
Contracted Shipping Agent	<i>Name</i>	<i>Telephone</i>
	<i>Address</i>	<i>Fax</i>

PATIENT INFORMATION

Name	<i>First</i>	<i>Last</i>
Sex	Age	Nationality
		Language Spoken
Hgt	Weight	<i>Does the Patient Smoke?</i>
		<i>Does the Patient Drink</i>
		<i>Time of Injury/Illness</i>
Nature of Injury/Illness		
Symptoms		

