MEDICAL REPORT FORM
FOR SEAFARERS

MARITIME
COOK ISLANDS

Completed copies should be retained by the Master and the seafarer.

SECTION A : COMPLETION BY MASTER

Vessel Details

Vessel Name	Type of vessel	IMO Number
LL Length	Gross Tonnage	Class

Seafarer Details

Full Name	
Date of Birth	
Gender	
Nationality	
Passport Number	
Position / Rank	
Embarkation Date	
On duty or off duty at the time of illness or injury	
Period of time off work (dates)	
Returned to work	
Ships Agent Ashore Name and contact details	
Next of Kin Name and contact details	

Injury or Illness Details

Date and time of injury or onset of illness	
Date and time of examination onboard	
Symptoms	
Onboard examination findings	
Treatment administered	
Condition of patient after treatment	

Medical Advice

Describe Medical Advice Obtained	
Shore Treatment Advised (Y/N)	
MEDIVAC Advised (Y/N) MEDIVAC date / time	
Name of Medical Practitioner	
Telemedical Maritime Assistance Service Centre	
Date and time of Advice	

Masters Signature

Masters Full Name	
Masters Signature	
Date	

SECTION B: COMPLETION BY EXAMINING DOCTOR ASHORE

Please complete this from and return to the vessel's Master or local Agent.
Please enclose all relevant medical reports.

Diagnosis	
Details of Specialised Examinations	
Treatment or Medication Administered:	
Further Treatment or Medication Required:	
Precautions to be taken on board ship:	

Further Doctors Visits required: Recommended date for next check up	
Is the illness contagious	
Estimated Duration of illness or incapacity (days)	

Fitness for Work

Seafarer is fit for work from (dd/mm/yy)	
Recommended work restrictions	

Unfit for Work

Seafarer is unfit for work until (dd/mm/yy)	
Recommendations *Repatriation, Admission to hospital, travel by air (accompanied / unaccompanied)*	

Medical Practitioners Declaration

Date of this Medical Examination	
Name and Address of Medical Facility	
Email / Contact Number	
Full Name of Medical Practitioner	
Signature	