

# MEDICAL INCIDENT CHECKLIST

## GENERAL INFORMATION

### *Vessel Information*

<b>Name</b>					
<b>Call Sign</b>	<b>Flag</b>	<b>Course</b>	<b>Speed</b>	<b>Latitude</b>	<b>Longitude</b>
<b>Vessel Description</b>				<b>Length</b>	

### *Communications*

<b>INMARSAT</b>	<b>TELEX</b>	<b>FAX</b>	<b>Cellular</b>	<b>Radio Freq</b>

### *On Scene Weather*

<b>Winds</b>	<b>Seas</b>	<b>Swells</b>	<b>Vis</b>	<b>CI Cover</b>	<b>CI Ceiling</b>
/	/	/			

### *Voyage Information*

<b>Last Port of Call</b>		<b>Date/Time</b>	
<b>Next Port of Call</b>		<b>Date/Time</b>	

### *Contract Medical Provider & Agent*

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

## PATIENT INFORMATION

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

