

# Medical Disclosure

## *Marine Operations*

### Confidential Medical Information Form

Each crew member is asked to voluntarily disclose any medical condition he/she is aware of which might assist the ship's medical officer in treating an injury or medical emergency which denies the crew member the ability to communicate such information at the time of the incident.

Respecting the right to privacy, each crew member is asked to submit this form to the Captain in a sealed envelope and the Captain is responsible for returning the sealed envelope when he/she signs off.

Name \_\_\_\_\_ Position \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Please check a box or fill in a blank space where applicable:

( ) Allergic to:\*\* \_\_\_\_\_

\*\* Common allergic concerns include penicillin, tetracycline, codeine, certain foods, and bites or stings from insects.

( ) Taking Medication: (dosage and frequency) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

( ) Blood Type: \_\_\_\_\_ ( ) Diabetic/ Type: \_\_\_\_\_

( ) Heart Conditions: \_\_\_\_\_

( ) Other medical condition which, if NOT known by the medical officer, might interfere with your treatment or, if known, might assist in your treatment, should you be seriously injured or incapacitated:

\_\_\_\_\_  
\_\_\_\_\_

In extreme emergency, I would like you to contact:

Emgcy. contact name: \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency contact Phone # (include area/ country code) \_\_\_\_\_

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			Page 1 of 1