Case Number: _____

Commonwealth of Dominica

Office of the Maritime Administrator

INJURY AND ILLNESS MEDICAL RECORD
(CONFIDENTIAL)

1. Vessel:	**2. Voyage #:**	**3. Cabin/Crew #:**
4. Status: ☐ PAX ☐ Crew ☐ Other (Describe):		
5. Name (FIRST, LAST, MIDDLE**):** _____		
6. Address (CITY, STATE, ZIP CODE**):** _____		
7. Nationality: _____		
8. Birth Date: _____	**11. Date:** _____	
9. Social Security #: _____	**12. Time:** _____	
10. Home Phone #: _____		
HISTORY PRESENT ILLNESS/INJURY	**VITAL SIGNS**	
Age: _____	**BP (**Sys./Dia.**):** _____	
Gender: _____	**Pulse (**BPM**):** _____	
CC: _____	**Temperature (**F or C**):** _____	
Medications: _____		
Allergies: _____		
Past History: _____		
LMP: _____	**Tetanus:** _____	

Medical Tests:		**Medical Treatment:**	
☐ CBC	☐ Urine/Dipstick	☐ dT 0.5cc IM	☐ _____
☐ Platelets	☐ Amylase/Lipase	☐ Hypertet 250 UI IM	☐ _____
☐ Electrolytes	☐ Liver Profile	☐ IV Type / Rate:	☐ _____
☐ Bun	☐ KUB	☐ 02	☐ _____
☐ Creatine	☐ Flat/Erect Abdomen	☐ Monitor / Tele	☐ _____
☐ Glucose	☐ CXR	☐ Pulse Oximetry	☐ _____
☐ CPK and CPK-MB	☐ ABG FiO2: _____ %	☐ Inhaler Treatment	☐ _____
☐ Troponin	☐ EKG	☐ _____	☐ _____
☐ PT/PTT	☐ BHCG	☐ _____	☐ _____
	☐ _____		

PHYSICAL EXAM				
BP: _____	**P:** _____	**RR:** _____	**Temp:** _____	**Pulse Oxy:** _____

Case Number: _____

GENERAL:	Well developed, nourished, in _____distress ☐ YES ☐ NO			
HEENT:	☐ Head atraumatic	☐ TM's Clear	☐ Nystagmus	☐ Anicteric
	☐ Sharp Discs	☐ Throat Clear	☐ PERRL EOM's intake	
Mucosa:	☐ Moist	☐ Dry	☐ Pink	☐ Pale

NECK:	☐ Supple	☐ Kernigs	☐ Brudzinski	☐ JVD	☐ Stridor
CHEST:	☐ Clear Breath Sounds		☐ Normal Expansion		☐ No Wheezing Rale
CV:	☐ PMII 4th ICS MCL		☐ No Gallops, murmurs		☐ Regular Rhythm

ABD:	☐ Non-distended	☐ Bowel Sounds: _____	☐ Soft	☐ Rovsing
	☐ Rebound	☐ Organomegaly: _____	☐ Guarding	☐ Tenderness: _____

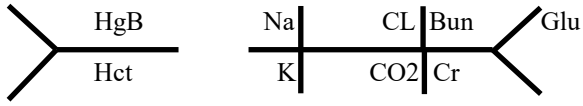
GU/GYN:	Plank pain: ☐ L ☐ R ☐ None	Hernias: ☐ L ☐ R ☐ None
	Normal Genitalia. Testes Descended/Tender	Hemmocult Stool: ☐ Pos ☐ Neg Color: _____

EXT:	☐ Cyanosis	☐ Clubbing	☐ Edema	☐ Deformities
NEURO:	☐ Alert	☐ Attentive	☐ Cooperative	☐ DTS's symmetric

Goal-oriented conversation	Clear Speech	Coordinates Well	Moves face and four extremities symmetrically

SKIN:	☐ Good turgor	☐ No rashes	☐ Diaphoretic	☐ Warm ☐ Dry

LAB RESULTS:



pH _____ Interpretation: Amy/Lapse

O2 _____ CK/MB/Troponin

CO2 _____

FiO2 _____% Other:

ACCUCHECK: PULSE OXYMETRY: U/A

EKG:	Rhythm: _____	Rate: _____	Impression: _____

X-RAY:

TELEMEDICAL ADVICE RECEIVED:

FINAL DIAGNOSIS:

MAY RETURN TO DUTY:

INSTRUCTIONS/REFERRAL:

☐ **Return ASAP if worsening in your condition**.

PHYSICIAN SIGNATURE: _____ **DATE:** _____

PATIENT SIGNATURE: _____ **DATE:** _____