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	☐ ABGFiO2: _____ %	☐ 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:

HgB / Hct

Na | CL | Bun / Glu

K | CO2 | Cr

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:** ______________