MARITEC TANKER MANAGEMENT	B. 4.10 - MEDICAL REPORT FOR SEAFARERS FORM	Date : 10/08/2018 Page : 1 of 2
		Made by : QHSE Approved by : MD Rev. No : 0

For Completion by Ship's Doctor or Master, And Hospital or Doctor Ashore, In case of illness or Injury Affecting Seafarers.

Note. Copies of This Form Should be Provided for the Seafarers' Medical Records, Ship's Master (or his Representatives), and Hospital/Doctor Ashore.

For Completion by Ship's Master:

Date (dd/mm/yy) : 31.10.2018

Surname of Patient, : ANDRIESANU
Other Names: : DUMITRU

Date of Birth	13.10.1955	Name of Ship	BITU ATLANTIC
Nationality	ROMANIAN	Ship-owner	ATLANTIC RAINBOW SHIPPING
Seafarer's Registration N°	14988570	Name of Ship's Representative/Agent On Shore	KUDRAT MARITIME SDN BHD, KEMAMAN
Shipboard Position Held	CH. ENGINEER	Address/Telephone N° Of Ship's Representative On Shore	+609858 8100/ 8600/ 8900

Details of Illness / Injury. Treatment Received Onboard Ship (Enclose Attachments if Necessary)
LEFT LEG – PAIN ON THE LOWER PART

Date of Onset of illness	30.10.2018	Date Injury Occured	
Date Work Ceased Onboard	NA		

For Completion by Hospital or Examining Doctor on Shore

Diagnosis

Date When Patient First Examined

To be completed as required and forwarded by Email & filed as hard copy on board in Bridge 4.10 folder.

MARITEC TANKER MANAGEMENT	**B. 4.10 - MEDICAL REPORT FOR SEAFARERS FORM**	Date : 10/08/2018 Page : 2 of 2 Made by : QHSE Approved by : MD Rev. No : 0

Full Medical Documentation Should Be Attached As Necessary

Details of Specialised Examinations

Cough production of purulent sputum for 10/7, afebrile - lungs - mild creps

Treatment Given (Generic Names) of Drugs, Dosages, Route of Administration

Bena 7ml tds

Mucosolvan; bd, Augmentin; bd, Caplet; PRN.

Further Treatment To Be Given Onboard Ship

—

Precautions To Be Taken Onboard Ship

No smoking if he smoke

Other Observation Of Hospital or Examining Doctor?

—

	YES	NO		
Should See Another Doctor?	☐	☑	When? Specify Speciality, If Necessary	
Is The illness Contagious? Or Infectious?	☐	☑	Estimated Duration Of illness	
Fit For Normal Work Now?	☑	☐		
Fit For Normal Work From				
Fit For Restricted Work	☐		Specify	
Unfit For Work	☐		For How Many Days?	
Bed Rest Necessary	☐		For How Many Days?	

Recommended To Be
* Repatriated ☐
* Hospitalized ☐

Air Transport Recommended? Yes ☐ No ☑

Should be Accompanied? Yes ☐ No ☑

Name of Doctor (In Capital Letters, Written or Stamped), Position Held, Address, Telephone N°

Place and Date: KLINIK ALIAS K-525, Jalan Sulaimani, 24000 Kemaman, Terengganu Tel: 09-859 1040 / Fax: 09-859 8626 01 NOV 2018

Signature of Doctor: [signature] DR. HJ. ALIAS ABDUL RAHMAN, AMN, PJK MBBS Univ Malaya OHD (HQ/08/DOC/00/371) KLINIK ALIAS K-525, Jalan Sulaimani 24000 Kemaman, Terengganu Tel:09-859 1040 / Fax:09-859 8626

To be completed as required and forwarded by Email & filed as hard copy on board in Bridge 4.10 folder.