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, :SILAGAN GREGORIO JR
Other Names: :GRESONES

Date of Birth	11.09.1980	Name of Ship	BITU ATLANTIC
Nationality	FILIPINO	Ship-owner	ATLANTIC RAINBOW SHIPPING
Seafarer's Registration N°	P2565558A	Name of Ship's Representative/Agent On Shore	KUDRAT MARITIME SDN BHD, KEMAMAN
Shipboard Position Held	FITTER	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)
INCREASED OF URIC ACID, SWELLING AND PAIN ON RIGHT FOOT
MEDICINES AS PRISCRIBED BY DR AT NANTONG

Date of Onset of illness	17.10.2018	Date Injury Occured	
Date Work Ceased Onboard	02 DAYS AS ADVICE BY DR.		

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
Serum Uric acid = 8mmol/L

Treatment Given (Generic Names) of Drugs, Dosages, Route of Administration
Colchicine 1 tab bd — Zyloric 100mg 1 tab bd
Apopiroxican 100mg 1 tab bd — Sumber zinc 1 tab od

Further Treatment To Be Given Onboard Ship

Precautions To Be Taken Onboard Ship
Avoid taking seafood, eggs, nuts, broccoli, redmeat and internal organ.

Other Observation Of Hospital or Examining Doctor?
-

	YES	NO		
Should See Another Doctor?	☑	☐	When? Specify Speciality, If Necessary	When he had recurrent attack physician
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 01 NOV 2018

Signature of Doctor

DR HJ. ALIAS ABDUL RAHMAN, ~~AMN, PJK~~
MBBS Univ Malaya
OHD/HQ/08/DOC/00/3711
KLINIK ALIAS
K-525, Jalan Sulaiman
24000 Kemaman, Terengganu
Tel:09-859 1040 / Fax:09-859 8626

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