|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Niue Flag adjust | | | | | NIUE SHIP REGISTRY 10 Anson Road #25-15, International Plaza, Singapore 079903  Tel: +65 6226-2001 Email:info@niueship.com  Website: <https://niueship.com> | | | | | | | | | | | | | | |
| CREW MEDICAL RECORD(Form CMR) *-Confidential Document-*  **Case Number:** | | | | | | | | | | | | | | | | | | | |
| **CREW MEDICAL RECORD (for Injury / illness etc.)** | | | | | | | | | | | | | | | | | | | |
| Vessel Name | | | | | | | | | | Voyage Number | | | | Cabin / Crew Number | | | | | |
| Status  Passenger Crew Other : | | | | | | | | | | | | Name (Last, First, Middle) | | | | | | Nationality | |
| Address | | | | | | | | | | | | | Birth Date | | | | | Passport / ID Number | |
| Home Phone Number | | | | | | | | | | | | Date | | Time | | | | | |
| **HISTORY PRESENT ILLNESS / INJURY** | | | | | | | | | | | | | **VITAL SIGNS** | | | | | | |
| Age: | | | Gender: | | | | | CC: | | | | | Blood Pressure: | | Pulse: | | | | Temperature (F/C): |
| **PAST HISTORY** | | | | | | | | | | | | | **MEDICATION** | | | | | | |
| (CAD, MI, HTN, CHF, Arthritis, DM, CVA, PUD, TAH etc) | | | | | | | | | | | | | (Type, Quantity, Time) | | | | | | |
| **ALLERGIES** | | | | | | | | | | | | | **LMP** | | | **TETANUS** | | | |
|  | | | | | | | | | | | | |  | | |  | | | |
| **MEDICAL TESTS** | | | | | | | | | | | | | **MEDICAL TREATMENTS** | | | | | | |
| BHCG | | Electrolytes | | | | | ABG FIO2:      % | | | | | | dT 0.5cc IM | | |  | | | |
| Bun | | Glucose | | | | | Amylase / Lipase | | | | | | IV Type / Rate: | | |  | | | |
| CBC | | KUB | | | | | CPK and CPK-MB | | | | | | Monitor / Tele | | |  | | | |
| Creatinine | | Platelets | | | | | Flat / Erect Abdomen | | | | | | Inhaler Treatment | | |  | | | |
| CXR | | PT / PTT | | | | | Liver Profile | | | | | | Hypertet 250 UI IM | | |  | | | |
| EKG | | Troponin | | | | | Urine / Dipstick | | | | | | 02 | | |  | | | |
|  | | | | | | | | | | | | | Pulse Oximetry | | |  | | | |
| **PHYSICAL EXAM** | | | | | | | | | | | | | **GENERAL** | | | | | | |
| BP: | P: | | | RR: | | TEMP: | | | | | PULSE OXY: | | Well developed, nourished, in         distress.  Yes  No | | | | | | |
| **HEENT** | | | | | | | | | | | | | **NECK** | | | | | | |
| Head atraumatic. PERRL EOM’s intake.  Nystagmus. Anicteric. Sharp discs. Throat clear. TM’s clear.  Mucosa:  Moist  Dry  Pink  Pale | | | | | | | | | | | | | Supple. Kernigs. Brudzinski. JVD. Stridor. | | | | | | |
| **CHEST** | | | | | | | | | | | | | **CV** | | | | | | |
| Clear breath sounds. Normal expansion. No wheezing, rales. | | | | | | | | | | | | | PMII 4th ICS MCL. No gallop, murmurs. Regular rhythm | | | | | | |
| **ABD** | | | | | | | | | | | | | **GU / GYN** | | | | | | |
| Non-distended: | | Bowel sounds: | | | | | | | Soft. Tenderness: | | | | Flank Pain:  L  R  None | | | | Hernias  L  R  None | | |
| Rovsing. Rebound. Guarding.  Organomegaly: | | | | | | | | | | | | | Hemmocult Stool:  Pos  Neg  Color: | | | | Normal Genitalia.  Testes Descended / Tender | | |
| **EXT** | | | | | | | | | | | | | **NEURO** | | | | | | |
| Cyanosis. Clubbing. Edema.  Deformities: | | | | | | | | | | | | | Patient is alert, attentive, cooperative. Oriented to person, situation, place and time. DTR’s symmetric.  Goal-oriented conversation. Clear speech. Coordinates well. Moves face and all four extremities symmetrically. | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SKIN** | | | | **EKG** | | |
| Good turgor, no rashes. Diaphoretic, warm, dry. | | | | Rhythm: | Rate: | Impression: |
| **LAB RESULTS** | | | | **X-RAY** | | |
| Glu  Bun  Cr  K  Na  CO2  CL  Hct  HgB  WBC   |  |  |  | | --- | --- | --- | | ACCUCHECK: |  | PULSE OXYMETRY: | | | | |  | | |
| **INTERPRETATION** | | | |
| pH | O2 | CO2 | FIO2  % |
| Amy / Lipase | CK/MB/Troponin | Other | |
| U/A | | | |
| **TELEMEDICAL ADVICE RECEIVED** | | | | | | |
|  | | | | | | |
| **FINAL DIAGNOSIS** | | | | **INSTRUCTIONS / REFERRAL** | | |
| **MAY RETURN TO DUTY:** | | | | Return ASAP if worsening in your condition. | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **PHYSICIAN SIGNATURE:** |  |  | **DATE:** |  | |  |  |  |  | | | | **PATIENT SIGNATURE:** |  | **(IN RECEIPT OF DISCHARGE INSTRUCTIONS)** | | | | | | | | | | |