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| Niue Flag adjust | NIUE SHIP REGISTRY10 Anson Road #25-15, International Plaza, Singapore 079903Tel: +65 6226-2001 Email:info@niueship.comWebsite: <https://niueship.com> |
| MASTER’S MEDICAL REPORT(Form MMR)(NOTE: attach all relevant medical reports to this report form) |
| **VESSEL PARTICULARS** |
| Vessel Name: | Vessel Owner: | Date of Report: |
| Onset Position (Latitude, Longitude): | Destination: | Expected Time of Arrival (ETA): |
| **ON-SHORE AGENT** |
| Name: | Address: |
| **PATIENT PARTICULARS** |
| Name (Last, First, Middle): | Gender:[ ]  Male [ ]  Female | Nationality: | Time and Date (Off Work):  |
| Passport / ID Number | Shipboard Designation: | Date of Birth (DD-MM-YYYY): | Time and Date (Returned):  |
| **INJURY / ILLNESS** |
| Type of Complaint:[ ]  Injury [ ]  Illness (Please Specify):  | Time and Date (Injury / Onset):  |
| Location of the Injury / Onset (On Ship) :      | Time and Date (First Examination):  |
| Circumstances of the Injury / Onset: | Symptom(s) Observed: |
| Findings of Physical Inspection: | Findings of Clinical Tests (e.g. X-ray or laboratory tests): |
| Overall Clinical Impression (Before): | Overall Clinical Impression (After): |
| Medical Treatment Provided (On Board): |
| **TELEMEDICAL CONSULTATION** |
| Name of telemedical consultant: | Mode of Communication: | Time and Date (Initial Contact):  |
| [ ]  Radio [ ]  Telephone [ ]  Fax |
| [ ]  Others (Please Specify):       |
| Details of Telemedical Advice Provided: |