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| 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> | | | | | | | |
| 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: | | | | | | | | |