



NIUE SHIP REGISTRY

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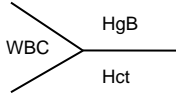
Website: <https://niueship.com>

CREW MEDICAL RECORD (Form CMR)

-Confidential Document-

Case Number:

CREW MEDICAL RECORD (for Injury / illness etc.)					
Vessel Name		Voyage Number		Cabin / Crew Number	
Status <input type="checkbox"/> Passenger <input type="checkbox"/> Crew <input type="checkbox"/> 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 (CAD, MI, HTN, CHF, Arthritis, DM, CVA, PUD, TAH etc)			MEDICATION (Type, Quantity, Time)		
ALLERGIES			LMP		TETANUS
MEDICAL TESTS			MEDICAL TREATMENTS		
<input type="checkbox"/> BHCG	<input type="checkbox"/> Electrolytes	<input type="checkbox"/> ABG FIO ₂ : ____%	<input type="checkbox"/> dT 0.5cc IM	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Bun	<input type="checkbox"/> Glucose	<input type="checkbox"/> Amylase / Lipase	<input type="checkbox"/> IV Type / Rate:	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> CBC	<input type="checkbox"/> KUB	<input type="checkbox"/> CPK and CPK-MB	<input type="checkbox"/> Monitor / Tele	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Creatinine	<input type="checkbox"/> Platelets	<input type="checkbox"/> Flat / Erect Abdomen	<input type="checkbox"/> Inhaler Treatment	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> CXR	<input type="checkbox"/> PT / PTT	<input type="checkbox"/> Liver Profile	<input type="checkbox"/> Hypertet 250 UI IM	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> EKG	<input type="checkbox"/> Troponin	<input type="checkbox"/> Urine / Dipstick	<input type="checkbox"/> O ₂	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____			<input type="checkbox"/> Pulse Oximetry	<input type="checkbox"/> _____	<input type="checkbox"/> _____
PHYSICAL EXAM			GENERAL		
BP:	P:	RR:	TEMP:	PULSE OXY:	Well developed, nourished, in _____ distress. <input type="checkbox"/> Yes <input type="checkbox"/> No
HEENT			NECK		
Head atraumatic. PERLL EOM's intake. Nystagmus. Anicteric. Sharp discs. Throat clear. TM's clear. Mucosa: <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale			Supple. Kernigs. Brudzinski. JVD. Stridor.		
CHEST			CV		
Clear breath sounds. Normal expansion. No wheezing, rales.			PMII 4 th ICS MCL. No gallop, murmurs. Regular rhythm		
ABD			GU / GYN		
Non-distended:	Bowel sounds:	Soft. Tenderness:	Flank Pain: <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> None	Hernias <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> None	
Rovsing. Rebound. Guarding. Organomegaly:			Hemmo cult Stool: <input type="checkbox"/> Pos <input type="checkbox"/> 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								
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>WBC</p> <p>HgB</p> <p>Hct</p> </div> <div style="text-align: center;"> <table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Na</td> <td style="padding: 2px;">CL</td> <td style="padding: 2px;">Bun</td> </tr> <tr> <td style="padding: 2px;">K</td> <td style="padding: 2px;">CO₂</td> <td style="padding: 2px;">Cr</td> </tr> </table> <p style="margin-top: 5px;">Glu</p> </div> </div> <p>ACCUCHECK: PULSE OXYMETRY:</p>		Na	CL	Bun	K	CO ₂	Cr			
Na	CL	Bun								
K	CO ₂	Cr								
INTERPRETATION										
pH	O ₂	CO ₂	FIO ₂ %							
Amy / Lipase	CK/MB/Troponin	Other								
U/A										
TELEMEDICAL ADVICE RECEIVED										
FINAL DIAGNOSIS		INSTRUCTIONS / REFERRAL								
MAY RETURN TO DUTY:		<input type="checkbox"/> Return ASAP if worsening in your condition.								
PHYSICIAN SIGNATURE:		DATE:								

PATIENT SIGNATURE:		(IN RECEIPT OF DISCHARGE INSTRUCTIONS)								
