



# NIUE SHIP REGISTRY

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## 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: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:
Passport / ID Number		Shipboard Designation:	Date of Birth (DD-MM-YYYY):
			Time and Date (Off Work):
			Time and Date (Returned):
INJURY / ILLNESS			
Type of Complaint: <input type="checkbox"/> Injury <input type="checkbox"/> 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: <input type="checkbox"/> Radio <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Others (Please Specify):	Time and Date (Initial Contact):
Details of Telemedical Advice Provided:			