CREW HEALTH CONDITION AND MAINTENANCE MEDICINES

VESSEL:	
JOINING PORT:	
JOINING DATE:	

NO.	RANK	NAME	AGE	LENGTH OF CONTRACT	MAINTENANCE MEDICINE/DURATION	MEDICAL CONDITION	MEDICINE ALLERGY (if any) [MASTER to inform the MEDICAL OFFICER for his reference].	FOOD ALLERGY & DIETARY RESTRICTIONS (if any) [MASTER to inform the CHIEF COOK for his reference]	MEDICAL HISTORY OF PREVIOUS ACCIDENT / ILLNESS	BMI	CREW SIGNATURE
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Prepared By: _____