

Emergency Medical Incident Report for Seafarers

1. Vessel Details

Vessel Name

IMO Number

Flag

Position (Lat/Long)

2. Incident Details

Date

Time

Location on Board

Description of Incident

Witnesses (Names)

3. Injured/III Person Details

Name

Rank/Position

Nationality

Date of Birth

Gender

4. Nature of Injury/Illness

Nature of Injury/Illness

Body Part(s) Affected

Symptoms

First Aid/Action Taken

5. Medical Assistance

Medical Assistance Contacted (e.g., Telemedical, Port, Hospital)

Evacuation Needed (Yes/No)

Additional Information

6. Reported By

Name

Rank/Position

Date

Time

