

Maritime Crew Health Assessment

Personal Information

Name

Rank/Position

Date of Birth

Nationality

Ship Name

Assessment Date

Medical History

Have you had any significant illnesses or surgeries?

Are you currently taking any medication?

Vaccination Status

Are your vaccinations up to date?

If no, specify which vaccines are missing

Health Assessment

Height (cm)

Weight (kg)

Blood Pressure

Vision

Hearing

Other findings or comments

Assessor's Information

Assessor Name

Assessor Signature

Date