

Oil Tanker Crew Health Monitoring Form

Date

Vessel Name

Crew Member Name

Rank/Position

Age

Health Parameters

Parameter	Value	Remarks
Body Temperature (°C)	<input type="text"/>	<input type="text"/>
Blood Pressure (mmHg)	<input type="text"/>	<input type="text"/>
Heart Rate (bpm)	<input type="text"/>	<input type="text"/>
Respiratory Rate (bpm)	<input type="text"/>	<input type="text"/>
Oxygen Saturation (%)	<input type="text"/>	<input type="text"/>

Symptoms (if any)

Medication/Actions Taken

Additional Remarks