## **Cargo Ship Crew Exposure History Report**

## **Vessel Information**

Vessel Name				
IMO Number				
Voyage Number				
Date of Report				
Exposure D	<b>Details</b>			
Date & Time of Ex	posure			
Location (On Board / Port)				
Description of Exp	osure Incident			
Type of Substance/Agent Exposed To				
Crew Member(s) Exposed				
Name	Rank/Position	Crew ID	Nationality	
Immediate Action Taken				
Describe the Meas	sures Taken			
Medical Evaluation				
Name of Medical Personnel				

Actions/Recommendations	
Reporting Officer	
Name	
Rank	
Signature	
Date	
Remarks / Additional Information	า