

# River Barge Crew Illness Incident Self-Report Form

Date of Report

Crew Member Name

Crew Position/Role

Vessel/Barge Name

Date Illness Noticed

Time Illness Noticed

Describe Symptoms

Actions Taken (e.g. Self-isolation, Medical Attention Sought)

Are Other Crew Members Affected?

If Yes, Please List Other Names

Medical Assistance Contacted?

If Yes, Provide Details

Additional Comments