

Oil Tanker Crew Illness Incident Report

Report Date

Vessel Name

IMO Number

Reported By (Name & Rank)

Date & Time of Incident

Crew Member Name

Rank/Position

Nationality

Age

Sex

Details of Illness / Symptoms

Location of Incident (e.g., Onboard location, at sea, in port)

Actions Taken (First Aid, Medical Treatment, etc.)

If Medical Advice Sought (Doctor, Telemedicine, Hospital)

Current Status of Crew Member

Additional Remarks