Stowaway Health and Welfare Assessment Form

Personal Information

Name	
Sex	
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Age	
Nationality	
Assessment Details	
Date	
Location	
Location	
Interviewed By	
Initial Findings	
Health Assessment	
Physical Condition	
Medical Needs	
Medication Administered	

Welfare Needs Food and Water Provided Clothing and Shelter Support Provided Observations & Remarks Assessor's Signature

Date of Assessment