## Fishing Vessel Medical Event Documentation

Date
Time
Location (Vessel/Position)
Patient Name
Date of Birth / Age
Crew Position
Description of Medical Event
Output and R. Oliver
Symptoms & Signs
Action Taken (First Aid, Treatment, etc.)
Medications Given
Communication (Radio/Telemedicine Contact, etc.)
The state of the s

Evacuation Required  Follow-up Planned  Person Completing Form  Date Completed  Signature	Event Outcome
Follow-up Planned  Person Completing Form  Date Completed	
Person Completing Form  Date Completed	Evacuation Required
Person Completing Form  Date Completed	
Date Completed	Follow-up Planned
Date Completed	
Date Completed	
	Person Completing Form
Signature	Date Completed
Signature	
	Signature