

Fishing Vessel Medical Event Documentation

Date

Time

Location (Vessel/Position)

Patient Name

Date of Birth / Age

Crew Position

Description of Medical Event

Symptoms & Signs

Action Taken (First Aid, Treatment, etc.)

Medications Given

Communication (Radio/Telemedicine Contact, etc.)

Event Outcome

Evacuation Required

Follow-up Planned

Person Completing Form

Date Completed

Signature