

Seafarer Injury Assessment Documentation

Seafarer Details

Full Name

Rank / Position

Crew ID / Personal Number

Date of Birth

Nationality

Incident Details

Date of Incident

Time of Incident

Location (on vessel)

Brief Description of Incident

Injury Assessment

Type/Nature of Injury

Part(s) of Body Affected

Description of Injuries

Immediate Actions Taken

Medical Assessment

Vital Signs

Assessment by Medical Personnel/Officer

Treatment Provided

Recommended Follow-up or Referral

Additional Information

Witness Names (if any)

Remarks / Other Notes

Date of Documentation

Medical Personnel/Officer Name

Signature