**Crew Medical Referral**

**A – Referral Details (to be completed prior to referral)**

|  |  |  |  |
| --- | --- | --- | --- |
| Vessel |  | Referral Date |  |
| Referral Port |  | SMMS Report Number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Given Name(s) |  |
| Rank/ Rating |  | Crew ID |  |
| Date of Birth |  | Nationality |  |

|  |  |
| --- | --- |
| **Nature of complaint** |  |
| **Past medical history** |  |
| **Current medication** |  |
| **Known allergies** |  |

|  |  |
| --- | --- |
| Master: |  |

**B – Consent to Disclosure**

I, the above named crew member, hereby authorise the healthcare facility/ physician to release all medical records relating to this referral to the Master of the referring ship and MyriadSea and their agents.

Crew Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\***

**C – Note to Physician**

Dear Doctor,

Please record your findings and any treatment provided along with details of further management instructions. Recommendations. The cost of this medical referral is to the account of MyriadSea, and your detailed bill should be provided to our local agent. We also kindly ask that you provide your assessment of the crew member’s fitness for continued shipboard service.

MyriadSea

**\*\*\*\*\***

**D – Record of Examination (physician to complete)**

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| --- |
| **Brief history of injury/illness** |
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| --- |
| **Diagnosis** |
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| --- |
| **Treatment** |
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| --- |
| **Management recommendations** |
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|  |  |
| --- | --- |
| **Further medical referral required? (if yes, give details)** | YES / NO |
|  |
|  |
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| --- |
| **Tests, x-rays carried out** |
|  |
|  |
|  |

**E- Fitness for Duty**

|  |  |
| --- | --- |
| **IMPORTANT!**Is the crew member fit to perform the essential functions of their current job without posing a health risk to themselves or others onboard the ship? | YES / NO |

**If “NO”:**

|  |  |
| --- | --- |
| Is the crew member fit to remain onboard when the vessel proceeds to sea without undue risk to themselves or others onboard? | YES / NO |
| Is the crew member fit to travel? | YES / NO |

**F – Signature**

|  |  |
| --- | --- |
| **Doctors Name** |  |
| **Address** |  |
| **Telephone Number/****Email** |  |
| **Doctors Signature** |  |

**ONE COPY TO MASTER**

**ONE COPY TO SHIP MANAGEMENT TEAM**