

Medical Form

The following information should be provided to any medical personnel when medical assistance is required. Please keep the communications as concise as possible. When treatment has been suggested, please repeat this to confirm that it has been received correctly.

1.	Boat Name:	
2.	Name of Patient:	
3.	Age:	Sex:
4.	Relevant past medical history (e.g. Peptic ulcer, heart attack etc.)	
5.	Onset of present condition (e.g. gradual or sudden)	
6.	Predominant symptoms (e.g. vomiting, diarrhoea, chest pains etc.)	
7.	Your own finding:	
	1.	Pulse rate and regularity:
	2.	Respiration rate:
	3.	Chest conditions:
	4.	Specific local findings: (e.g. Swollen arms, rigid abdomen etc.)
8.	Your diagnosis:	
9.	Drug sensitivity or allergies:	
10.	Your treatment thus far:	

