



U.S. Department of Transportation
Maritime Administration

MASTER'S REPORT OF REQUEST FOR MEDICAL ATTENTION

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Public reporting burden of this collection of information is estimated to average one hour per response. Send comments regarding this burden estimate or any other aspect of this information collection to the Maritime Administration, Office of Management Services, 400 Seventh St. SW, Room 7225, Washington, DC 20590, and to the Office of Management and Budget, Paperwork Reduction Project, Washington, DC 20503.

(insert name of Ship Manager/General Agent on line above)

Vessel _____ Port _____ Date _____

TO DENTIST/PHYSICIAN/HOSPITAL/CLINIC: Kindly furnish medical or dental attention to the below-named crew member who became ill/injured while in service to the vessel and advise the undersigned if he/she is fit or unfit to resume his/her duties as a crew member aboard the vessel by completing the accompanying form REPORT OF ATTENDING DENTIST/PHYSICIAN, which is to be completed and returned to the crew member at time of evaluation and treatment. Please note that treatment for venereal disease and dental work other than extractions are payable by the crew member, and will not be reimbursed by the company.

Crew member _____ SSN _____ Age _____

Date of incident _____ Description of incident _____

As the result of the incident of illness/injury noted above, the named crew member reports the medical complaint(s) checked below, for which we request your evaluation, diagnosis and treatment or referral.

URINARY

- difficulty starting stream
- change in frequency
- bloody urine
- change in color of urine
- burning/pain/pressure
- OTHER (describe below)

RESPIRATORY

- excessive sputum/phlegm
- coughing/wheezing
- shortness of breath
- OTHER (describe below)

CIRCULATORY

- fatigue/weakness
- paleness
- tremor
- abrupt/heavy bleeding
- history of anemia
- chest pain/difficulty breathing
- rapid heart beat
- high blood pressure
- varicose veins
- heart attack
- OTHER (describe below)

NOT CLASSIFIED

- chronic headache
- OTHER (describe below)

EMOTIONAL/BEHAVIORAL

- anxiety/nervousness
- tension
- hallucinations
- depression
- anti-social behavior
- sleep disturbance/insomnia
- mania
- memory loss/confusion
- OTHER (describe below)

TISSUES/JOINTS

- swelling of tissues/glands
- cramping/stiffness
- limited movement
- deformity
- pain in joint/limb
- pain in neck/back
- OTHER (describe below)

NERVOUS SYSTEM

- dizziness/vertigo
- tremor/muscular weakness
- poor coordination
- numbness/loss of sensation
- paralysis
- seizures/convulsions
- fainting/lightheadedness
- difficulty/change in speech
- OTHER (describe below)

REPRODUCTIVE/GENITAL

- irregular menstrual pain/bleeding
- abnormal discharge
- genital irritation/pain
- sores
- OTHER (describe below)

SKIN/HAIR/NAILS

- frequent bruising
- itching
- discoloration
- excessive moisture
- change in birthmark
- change in moles
- lumps
- ulcers
- change in hair/nails
- OTHER (describe below)

DIGESTION/NUTRITION

- nausea
- vomiting
- diarrhea
- constipation
- change in appetite/thirst
- difficulty swallowing
- excessive gas/flatulence
- heartburn/indigestion
- rectal bleeding
- OTHER (describe below)

MOUTH/NOSE/THROAT

- sores/ulcers
- sore throat
- hoarseness
- difficulty swallowing
- nasal discharge/nosebleed
- sinus pain/blockage
- OTHER (describe below)

EARS/EYES

- ringing in ears
- change in hearing acuity
- discharge from ears
- irritation/pain/pressure
- lost/broken glasses/contact lens
- change in vision acuity
- blurred/double vision
- light sensitivity
- excessive tearing
- OTHER (describe below)

DENTAL

- toothache
- bleeding gums
- sores
- cracked/broken/lost tooth
- replacement of filling
- denture repair/replacement
- OTHER (describe below)

If OTHER, description of medical complaint _____

By signing below, the crew member authorizes the dentist/physician/hospital/clinic to make available to the Ship Manager/General Agent for the U.S. Department of Transportation, Maritime Administration, as vessel owner, copies of all notes, records, reports, and diagnostic studies pertinent to or involving, the injury or illness for which medical/dental attention was authorized under this certificate.

Master's signature

Seafarer's signature