



# TUVALU SHIP REGISTRY

Tuvalu Ship Registry  
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## Master's Medical Report (Form MMR)

(attach all relevant medical reports to this report form)

### VESSEL PARTICULARS

Vessel Name:	Vessel Owner:	Date of Report:
Onset Position (Latitude, Longitude):	Destination:	Expected Time of Arrival (ETA):

### ON-SHORE AGENT

Name:	Address:
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### PATIENT PARTICULARS

Name (Last, First, Middle):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:	Time and Date (Off Work):
Passport / ID Number	Shipboard Designation:	Date of Birth (DD-MM-YYYY):	Time and Date (Returned):

### INJURY / ILLNESS

Type of Complaint: <input type="checkbox"/> Injury <input type="checkbox"/> Illness (Please Specify):	Time and Date (Injury / Onset):
Location of the Injury / Onset (On Ship) :	Time and Date (First Examination):
Circumstances of the Injury / Onset:	Symptom(s) Observed:
Findings of Physical Inspection:	Findings of Clinical Tests (e.g. X-ray or laboratory tests):
Overall Clinical Impression (Before):	Overall Clinical Impression (After):

Medical Treatment Provided (On Board):
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### TELEMEDICAL CONSULTATION

Name of telemedical consultant:	Mode of Communication: <input type="checkbox"/> Radio <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Others (Please Specify):	Time and Date (Initial Contact):
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Details of Telemedical Advice Provided:
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