



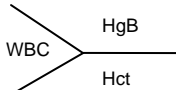
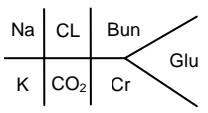
# TUVALU SHIP REGISTRY

Tuvalu Ship Registry  
 10 Anson Road #25-16  
 International Plaza  
 Singapore 079903  
 Tel: (65) 6224 2345  
 Fax: (65) 6227 2345  
 Email: info@tvship.com  
 Website: www.tvship.com

## Seafarer Medical Record (Form SMR) - CONFIDENTIAL -

Case Number:

<b>MEDICAL RECORD (for Injury / illness etc.)</b>					
Vessel Name		Voyage Number		Cabin / Crew Number	
Status <input type="checkbox"/> Passenger <input type="checkbox"/> Crew <input type="checkbox"/> Other :		Name (Last, First, Middle)		Nationality	
Address			Birth Date		Passport / ID Number
Home Phone Number		Date		Time	
<b>HISTORY PRESENT ILLNESS / INJURY</b>			<b>VITAL SIGNS</b>		
Age:	Gender:	CC:	Blood Pressure:	Pulse:	Temperature (F/C):
<b>PAST HISTORY</b> (CAD, MI, HTN, CHF, Arthritis, DM, CVA, PUD, TAH etc)			<b>MEDICATION</b> (Type, Quantity, Time)		
<b>ALLERGIES</b>			<b>LMP</b>		<b>TETANUS</b>
<b>MEDICAL TESTS</b>			<b>MEDICAL TREATMENTS</b>		
<input type="checkbox"/> BHCG	<input type="checkbox"/> Electrolytes	<input type="checkbox"/> ABG	<input type="checkbox"/> FIO <sub>2</sub> : ____%	<input type="checkbox"/> dT 0.5cc IM	<input type="checkbox"/> _____
<input type="checkbox"/> Bun	<input type="checkbox"/> Glucose	<input type="checkbox"/> Amylase / Lipase	<input type="checkbox"/> Monitor / Tele	<input type="checkbox"/> IV Type / Rate:	<input type="checkbox"/> _____
<input type="checkbox"/> CBC	<input type="checkbox"/> KUB	<input type="checkbox"/> CPK and CPK-MB	<input type="checkbox"/> Inhaler Treatment	<input type="checkbox"/> Hypertet 250 UI IM	<input type="checkbox"/> _____
<input type="checkbox"/> Creatinine	<input type="checkbox"/> Platelets	<input type="checkbox"/> Flat / Erect Abdomen	<input type="checkbox"/> 02	<input type="checkbox"/> Pulse Oximetry	<input type="checkbox"/> _____
<input type="checkbox"/> CXR	<input type="checkbox"/> PT / PTT	<input type="checkbox"/> Liver Profile			
<input type="checkbox"/> EKG	<input type="checkbox"/> Troponin	<input type="checkbox"/> Urine / Dipstick			
<input type="checkbox"/> _____					
<b>PHYSICAL EXAM</b>			<b>GENERAL</b>		
BP:	P:	RR:	TEMP:	PULSE OXY:	
				Well developed, nourished, in _____ distress. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>HEENT</b>			<b>NECK</b>		
Head atraumatic. PERRL EOM's intake. Nystagmus. Anicteric. Sharp discs. Throat clear. TM's clear. Mucosa: <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale			Supple. Kernigs. Brudzinski. JVD. Stridor.		
<b>CHEST</b>			<b>CV</b>		
Clear breath sounds. Normal expansion. No wheezing, rales.			PMII 4 <sup>th</sup> ICS MCL. No gallop, murmurs. Regular rhythm		
<b>ABD</b>			<b>GU / GYN</b>		
Non-distended.	Bowel sounds:	Soft. Tenderness:		Flank Pain:	Hernias
				<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> None	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> None
Rovsing. Rebound. Guarding. Organomegaly:			Hemmo cult Stool:		Normal Genitalia.
			<input type="checkbox"/> Pos <input type="checkbox"/> Neg		Testes Descended / Tender
			Color: _____		
<b>EXT</b>			<b>NEURO</b>		
Cyanosis. Clubbing. Edema Deformities:			Patient is alert, attentive, cooperative. Oriented to person, situation, place and time. DTR's symmetric. Goal-oriented conversation. Clear speech. Coordinates well. Moves face and all four extremities symmetrically.		

<b>SKIN</b>		<b>EKG</b>				
Good turgor, no rashes. Diaphoretic, warm, dry.		Rhythm:	Rate:	Impression:		
<b>LAB RESULTS</b>		<b>X-RAY</b>				
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div> <p>ACCUCHECK:                      PULSE OXYMETRY:</p>						
<b>INTERPRETATION</b>						
pH	O <sub>2</sub>				CO <sub>2</sub>	FIO <sub>2</sub> %
Amy / Lipase	CK/MB/Troponin				Other	
U/A						
<b>TELEMEDICAL ADVICE RECEIVED</b>						
<b>FINAL DIAGNOSIS</b>		<b>INSTRUCTIONS / REFERRAL</b>				
<b>MAY RETURN TO DUTY:</b>		<input type="checkbox"/> Return ASAP if worsening in your condition.				
<b>PHYSICIAN SIGNATURE:</b> _____		<b>DATE:</b>				
<b>PATIENT SIGNATURE:</b> _____		<b>(IN RECEIPT OF DISCHARGE INSTRUCTIONS)</b>				