

Report of illness / Request for medical attendance

Motor Vessel:
Date:

Port:
Others:

Medical attendance is required for: (one form per crewmember)

Full name:	Nationality:
Date of birth:	Rank:
Master's name and signature:	

Cause of complaint

<input type="checkbox"/> Accident	Date:
<input type="checkbox"/> Illness	
In case of an accident, please add a copy of the accident report	

To be filled in by the master

Onset of illness: / / day month year

To be filled in by the doctor

Unfit for duty: <input type="checkbox"/> No <input type="checkbox"/> *Yes, for days
<p>* If Yes:</p> <p><input type="checkbox"/> Recovery on board → approx. days for rest: Next visit to doctor: Yes <input type="checkbox"/> → Period No <input type="checkbox"/></p> <p><input type="checkbox"/> Repatriation → fit for travelling? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Hospitalization → approx. days: Please state name / address / phone number etc. of the hospital</p>

Physician's name:	NOTE TO THE DOCTOR: The doctor is asked to keep one copy and render the original to the master.
Address:	
Place: Date:	
Signature:	



MEDICAL CONSENT

Subject :

Date :

Name of patient :

Date of birth :

Address :

Town, zip code :

Country :

Nationality :

I,,

hereby authorize any hospital, physician or other person who has medically examined me, to furnish Anker Alarm Service any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment that were rendered to me. A Photostat/Faxed copy of this authorization shall be considered as effective and valid as the original. I understand that this authorization will allow Anker Alarm Service to use the information obtained to investigate and adjudicate my claims.

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(patient signature)

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(witness signature)

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(date signed by the above & location)