

**General data**

- A.1 Ship's name, call letters
- A.2 Position / course / speed, date and time (UTC).
- A.3 Destination, ETA (UTC).
- A.4 Emergency port, ETA (UTC).
- A.5 Medical equipment column A, B or C.
- B.1 Surname of patient.
- B.2 Date of birth, age and sex.
- B.3 Job description on board.
- B.4 General practitioner (GP) if in the Netherlands.

**Accident**

- C.1 When did the accident occur?
- C.2 What has happened?
- C.3 Is the victim now conscious, has he/she been unconscious?
- C.4 Is there any loss of blood?
- C.5 General impression: anxious? pain? tightness of the chest? perspiring? complexion?
- C.6 Pulse | blood pressure | number of res pi rations a minute | temperature
- C.7 Describe wounds meticulously, examine the body from head to toe for any possible Injuries
- C.8 Might there be a possibility of any back or neck injuries?
- C.9 What did first aid measures consist of?
- C.10 Has any medication been administered?

**Illness/Injury**

D.1 When did the complaints start? Did they start all of a sudden or gradually?

D.2 Has the patient been able to work or is he in bed?

D.3 Describe all complaints and symptoms chronologically

D.4.1 Fatigue? Headache? Dizzy?

D.4.2 Any disorders of sight or hearing?

D.4.3 Pain in the chest?

If so: Location? Radiating? An oppressive, burning or piercing pain? A continuous or intermittent pain?

D.4.4 Heart palpitations?

D.4.5 Tingling in fingers or around the mouth?

D.4.6 Coughing? Mucus? Wheezy breathing? Pain when sighing deeply?

D.4.7 Abdominal pain?

If so: Location? Radiating? An oppressive, burning or piercing pain? A continuous or intermittent pain?

D.4.8 Appetite? Nausea? Burping? Heartburn?

D.4.9 Vomiting?

If so: Any blood in vomit?

D.4.10 Last stool? Black? Putty-Coloured?

D.4.11 Diarrhoea?

If so: Blood? Slime?

D.4.12 Frequent urination? Pain when doing SO? Turbid urine? Blood in urine?

D.4.13 Any possibility of pregnancy?

D.4.14 Pain in the back? Aching arms, legs or joints?

D.4.15 Itchy?

D.5 Undergone illnesses, use of medication.

D .6 Relevant illnesses in the family.

D .7 Allergies.

D.8 When was the last time one was in the tropics?

D.9 Does the patient use alcohol or drugs? Does he smoke?

D.10 State all medications used since the illness started, and the effects of these.

E.1 Pulse | blood pressure | number of res pi rations a minute | temperature.

E.2 General impression: ill? anxious? pain? tightness of the chest? perspiring? Complexion?  
white of the eye's colour?

E.3 Swollen glands in the neck, under the jaw, in the armpit or in the groin?

E.4 Describe very precisely the examination of lungs (stethoscope) and abdomen.

**Miscellaneous**

F Are there any specific questions for **the doctor**?