FOREIGN CARRIERS IN COUNTRY MEDICAL EVALUATION CHECKLIST

GENERAL INFORMATION -- Unalaska Fire & EMS - FAX (907)581-5024 - email: zschasteen@ci.unalaska.ak.us

	4	_												
essel Inf		n												
Nam	е													
Call Si	gn	Flag	Co	urse	Speed Lati						Longitude	9		
			1											
Vessel Description										Length				
Commun	nication	s												
INMARSAT				TELEX	FA	FAX			ellular	Radio Free				
Vovage I	Informa	tion	I			ı								
Voyage Information Last Port of Call			1			Date/	Time							
Next Port of Call								Date/	Time					
Contract	t Medica	al Provide	er & An	ıent										
Contract Medical Provider & Agent Contracted Medical Advice				Company Name/Attending Doctor						Telephone				
Provider					Manua						Telephone			
Contracted Shipping Agent				Name						тегерпопе				
				Address						Fax				
DATIE		ODMA	FION											
PAHEI	NI INF	ORMA	IION											
Name	Fir	st					Lá	ast						
_							Languaç	ae						
Sex		Age		Nati	onality		Spoker				Race			
Hgt		Weigl	nt		Does the Smoke?	Patient		es the	e Drink		Time of Injury/Illness			
Nature														
lnjury/l		i												
Sympto	oms													

Vitals	T	1	1		I			<u> </u>			
Time Taken	B/P	Temp	Pu	ılse	Respirator		y Rate				
	1				None	Sha	llow	Normal	Deep		Labored
Conscious	Ambulatory	Bleeding		V	omiting		SI	T	Time of Last Meal		
	С	urrent Medicati	ions/	Treatr	nent Rei	nder	ed				
	Pat	tient Medical H	istory	ı (İnci	uding A	llerg	ies)				
				•							
O/S Medical Resour											
	dical Care Level A				Med	dical	Facili	ty/Medicat	tions Av	vail	able
EMT EMT Basic I.V. A	irway Cardiac	PN RN PA	M	ID							
MEDICAL RECO	MMENDATIONS										
O/S Provider or Con	tract Provider	Commonto									
MEDEVAC		Comments:									