

# FOREIGN CARRIERS IN COUNTRY

## MEDICAL EVALUATION CHECKLIST

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

***Vessel Information***

<b>Name</b>					
<b>Call Sign</b>	<b>Flag</b>	<b>Course</b>	<b>Speed</b>	<b>Latitude</b>	<b>Longitude</b>
<b>Vessel Description</b>					<b>Length</b>

***Communications***

<b>INMARSAT</b>	<b>TELEX</b>	<b>FAX</b>	<b>Cellular</b>	<b>Radio Freq</b>

***Voyage Information***

<b>Last Port of Call</b>		<b>Date/Time</b>	
<b>Next Port of Call</b>		<b>Date/Time</b>	

***Contract Medical Provider & Agent***

<b>Contracted Medical Advice Provider</b>	<i>Company Name/Attending Doctor</i>	<i>Telephone</i>
<b>Contracted Shipping Agent</b>	<i>Name</i>	<i>Telephone</i>
	<i>Address</i>	<i>Fax</i>

**PATIENT INFORMATION**

<b>Name</b>	<i>First</i>					<i>Last</i>				
<b>Sex</b>		<b>Age</b>		<b>Nationality</b>		<b>Language Spoken</b>		<b>Race</b>		
<b>Hgt</b>		<b>Weight</b>		<i>Does the Patient Smoke?</i>		<i>Does the Patient Drink</i>		<i>Time of Injury/Illness</i>		
<b>Nature of Injury/Illness</b>										
<b>Symptoms</b>										

Time Taken	B/P	Temp	Pulse	Respiratory Rate				
	/			None	Shallow	Normal	Deep	Labored
Conscious	Ambulatory	Bleeding	Vomiting	Skin Color		Time of Last Meal		
Current Medications/Treatment Rendered								
Patient Medical History <i>(Including Allergies)</i>								

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