



Medical Profile (Domestic Travel)

CREWMEMBER IDENTIFICATION:

Name: _____ Passport #: _____ Country: _____
 Date of Birth: _____ Social Security #: _____
 Vessel Name: _____
 UNOLS Organization: _____ Phone: _____
 Fax: _____ E-Mail: _____
 Address: _____
 Contact Person: _____

MEDICAL INFORMATION:

Current Medications: _____
 Allergies – Medications/food/other: _____
 Current Medical Problems: _____
 Medical History (Major Operations & Procedures – include dates): _____

 Blood Type / Rh positive or negative: _____

Personal Physician Information:

Name: _____
 Phone: _____ Fax: _____

Dentist Information:

Name: _____
 Phone: _____ Fax: _____

EMERGENCY NOTIFICATION PURPOSES - EMERGENCY CONTACT (only contacted after UNOLS):

Name: _____ Relationship: _____
 Phone: _____ Alternate Phone: _____

To the best of my knowledge, the above Medical History Information is accurate and complete. I authorize release of this information to Medical Advisory Systems.

In the event of a medical incident, I authorize Medical Advisory Systems to release the information set forth in this form to such health care providers as it may deem necessary; and I direct Medical Advisory Systems to notify the persons listed under "For Emergency Notification Purposes" of the occurrence and nature of the incident, recommended medical treatment, and from whom further information may be obtained. Medical Advisory Systems may, in its sole discretion, request assistance for me from an international assistance provider or refer my care directly to a physician and/or hospital and/or other medical provider. Medical Advisory Systems may require that any health care provider set forth in the previous sentence furnish reports on my status to Medical Advisory Systems or the international assistance provider.

By completing and returning this form, I agree to the above two statements.

Signature

Date

Please return to the address below:

Medical Advisory Systems, A Service of MedAire
80 East Rio Salado Parkway, Suite 610, Tempe, Arizona 85281
Maritime Services Phone: (480) 333-3700 Maritime Services Fax: (480) 333-3821
Medical Emergency Phone: (480) 333-3876 E-mail: followup@mas1.com