NAME OF SHIPPING COMPANY

MEDICAL REPORT
Confidential

Danish Maritime Authority
Ministry of Trade and Industry

Vermundsgade 38 C
DK-2100 Copenhagen Ø
Denmark

Telephone +45 39 17 44 00
Telefax +45 39 17 44 01
Cable adress: Soefart DK
E-mail: sfs@dma.dk

Ship's copy

1. Ship's name	Signal letters
elisabeth Boye	OVXN2

2. Port of call: Point a Pitre guadeloupe-island

3. Date	5. ID-No.
30/04/2013.	28051957

4. Name of patient, in full: CHABIERA KAZYSZTOF.

6. Nationality	7. Occupation
POLONAIS	INGENIEUR

8. Details about accident/illness - Previous treatment onboard (enclose detailed description, if necessary)

- Douleur après soulèvement objet lourd.
- Mal au dos douleurs Lombaire.

To be filled in by the Master

9. Date accident/illness occurred	10. Date work ceased onboard	11. Date work resumed onboard	12.

Only to be filled in if signed off

13. Port of discharge	14. Date	15. Domicile

16. Name and address of next of kin (relationship)

17. Name of hospital or place where the crewmember is staying	18. Disposition of luggage

19. Amount of balance of wages	20. Draft number and where deposited	21. Monthly wages

22. Ship's master's signature	23. Ship's agent

24. Please take the bearer under treatment and fill in questions below. (Use typewriter or block letters, please)
Please make a »X« in the relevant ☐

25. Date(s) of consultation(s)	26. Diagnosis
30/04/2013	Hernie Inguinale Gauche.

27. Is the illness due to an accident	28. Fit for duty	29. Fit for duty from (date)	30. Patient recommended to be signed off
☐ Yes ☒ No	☒ Yes ☐ No		☐ Yes ☒ No

31. Further treatment/investigation
- Ne pas soulever d'objets lourds
- Consultation Chirurgicale à Trinidad.

32. Estimated duration of illness (days)

33. Doctor's name and address (block letters)

34. Doctor's signature

To be filled in by the Doctor

Dokumentation skal medfølge

35.	Beløb	Kurs	D. kr.
Lægehonorar...			
Medicin.....			
Befordring.....			
Total.....			

To be filled in by the Company

36.

M/V „ELISABETH BOYE"
MARSTAL

S-2036