



Medical Profile - Domestic R/V SIKULIAQ ~ Seward Marine Center

IDENTIFICATION:

Last Name: (Print) _____ First Name: _____

Cruise#/Chief Scientist: _____ Role/Title: _____

Date of Birth & Age: _____ Company/Organization: _____

PASSPORT: #, Country, Expiry Date, & Nationality: _____

Telephone # _____ E-Mail: _____

MEDICAL INFORMATION:

Blood Type (A/B/AB/O) Rh (positive or negative): _____

Medications: _____

Allergies (medications/food/other): _____

Current Medical Problems: _____

Medical History (Major Operations & Procedures – include dates): _____

PRIMARY PERSONAL PHYSICIAN INFORMATION:

Name: _____

Phone: _____

PRIMARY DENTIST INFORMATION:

Name: _____

Phone: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

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 the Master R/V SIKULIAQ (SKQ) and Marine Superintendent and/or Port Captain – Seward Marine Center (UAF-SMC).

In the event of a medical incident, I authorize (SKQ) to release the information set forth in this form to George Washington Maritime Medical Access (GW-MMA) and health care providers as it may deem necessary; and I authorize SKQ or GW-MMA to notify the persons listed under “Emergency Contact” of the occurrence and nature of the incident, recommended medical treatment, and from whom further information may be obtained. GW-MMA may, at 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. GW-MMA may require that any health care provider set forth in the previous sentence furnish reports on my status to GW-MMA or the international assistance provider.

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

Signature

Date

Send completed form electronically to:

uaf-skq-marinesup@alaska.edu