



Vessel « ALWENA »  
MMSI : 227 565 570

**Medical form**

SURNAME :

Blood group :

Name :

Weight :

Date of birth :

Size :

Past medical history follow up and ongoing treatments

Referring physician

Known allergies

Vaccinations : date of last booster

Tetanos :

Yellow fever :

Other vaccinations :

Surgery history

Other useful information

Emergency contact person  
(Surname, Name, Mobile phone number)