

HEALTH INFORMATION for

CREWMEMBER NAME				
Health conditions	Yes/Si	No/ Non	Medications	Comments
Blood Type (if known)				
Heart disease?			(blood thinners?) (List medications)	
High Blood Pressure?				
Diabetes?			(insulin?)	
Back problems (pain, weakness, etc.)			(Name pain medications)	
Prescription for medical marijuana?				
Asthma?			(Inhaler?)	
Allergies?			List the allergies	
Food Allergies?			(peanuts, eggs, milk, shell fish, etc.?)	
Diet requirements?			(gluten free , sugar free, lactose intolerant, or ?)	
History of addiction to alcohol/drugs?				
Eyeglasses?				
Hearing aid(s)?				
Hip/knee or shoulder replacement?				
Other health conditions				
In emergency, contact:	NAME:			
Cut From: Commercial Fisheries News Jan-2017 Fish Safe by Ann Backus	RELATIONSHIP: (wife, child, brother, etc.)			
	PHONE:			