



Medical Profile

Doc No.	WS 2022
Revision Date	11/01/2021
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IDENTIFICATION:

Last Name: _____ First Name: _____

Address: _____

Date of Birth: _____ Height/Weight/Sex/Hair Color: _____

Vessel/Rig/Site Name: R/V F.G. Walton Smith

Company / Organization: University of Miami Phone: Marine Operations – 305-421-4832 or 4376

Fax: 305-421-4174 E-Mail: MarOpsadm@miami.edu

Address: 4600 Rickenbacker Causeway, Miami, FL 33149

Company Contact Person: Don Cucchiara @ 305-421-4376 or Jocy Morejon @ 305-421-4430

MEDICAL INFORMATION:

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

Allergies – Medications/food/other: _____

Current Medical Problems: _____

Current Medications: _____

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

Personal Physician Information:

Name: _____

Phone: _____

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 information is accurate and complete. In case of an emergency I hereby authorize the release of this information to the contracted medical advisory service for the R/V F.G. Walton Smith.

In the event of a medical incident, I authorize the medical advisory service to release the information set forth in this form to such health care providers as it may deem necessary; and I direct the medical advisory service to notify the persons listed under "Emergency Contact" of the occurrence and nature of the incident, recommended medical treatment, and from who further information may be obtained. The medical advisory service 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. The medical advisory service may require that any health care provider set forth in the previous sentence furnish reports on my status to the medical advisory service or the international assistance provider.

By completing and returning this form, you agree to the above procedures and actions.

Signature

Date

Please bring this completed form, in a sealed envelope with your name on the outside of the envelope, on your upcoming research cruise on the F.G. Walton Smith.

Bring a copy for your records.