

M2O 2018 Confidential Crew Medical Questionnaire

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|----------------------------|--|------------------------|--------------------------|--------------|
| Boat Name | | | | |
| Crew Details | | | | |
| First name | | Surname | | |
| Mobile | | DOB: / / | Weight kg | Gender M / F |
| Passage | | | | |
| Departure | Place | Date | | |
| | MELBOURNE, AUST | / / | | |
| Destination | Place | Date (ETA) | | |
| | OSAKA, JAPAN | / / | | |
| Medical Conditions | Condition | Action Plan Y/N | Plan attached Y/N | |
| | | | | |
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| | | | | |
| | | | | |
| Regular Medications | Drug | Strength | Dosing | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Allergies | Drug | Reaction | | |
| | | | | |
| | | | | |
| Other Allergies | Substance | Reaction | | |
| Food | | | | |
| Dressings | | | | |
| Other | | | | |
| Anaphylaxis | Do you carry your own EpiPen/ Anapen (Adrenaline auto-injector)? | | | Y / N |
| | Please carry 2 auto-injectors for the race and confirm here | | | Y / N |
| | Has your co-skipper been instructed in emergency administration? | | | Y / N |
| Immunisations | Vaccine | Disease | Dates given | |
| Routine | Fluvax | Influenza | | |
| | ADT | Diphtheria /tetanus | | |
| | Boostrix | ADT + Whooping cough | | |
| | Boostrix -IPV | Boostrix + Polio | | |
| | Pneumovax | Pneumonia (if >65yrs) | | |
| Travel | Havrix | Hepatitis A | | |
| | Hep B vax | Hepatitis B | | |
| | Twinrix | Hep A + Hep B | | |
| | Typherix | Typhoid | | |
| | Vivaxim | Hep A + Typhoid | | |
| Other | Rabipur | Rabies | | |
| | Zostavax | Shingles | | |
| | | Meningitis B,C,ACWY | | |

M20 2018 Confidential Crew Medical Questionnaire

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|---|--|---------|------|--|
| Boat Name | | | | |
| Crew Details | | | | |
| First name | | Surname | | |
| Regular GP | | | | |
| Dr's name | | | | |
| Clinic name | | | | |
| Clinic address | | | | |
| | | | | |
| Phone | | Fax | | |
| Email | | | | |
| | | | | |
| Medical Specialist | | | | |
| Dr's name | | | | |
| Specialty | | | | |
| Clinic name | | | | |
| Clinic address | | | | |
| | | | | |
| Phone | | Fax | | |
| Email | | | | |
| | | | | |
| <p>The above medical information has been requested by the ORCV Incident Management Team (IMT) to assist in managing any medical emergencies or injuries sustained whilst racing in the M20 2018 race. The information you supply will be reviewed by the Race Medical Officer who may contract you prior to your departure for further clarification if required. This information will be securely stored in a sealed envelope and in electronic files which can only be accessed by the duty Medical Officer in the event of an emergency.</p> | | | | |
| <p>Please sign below to indicate that you have read the above and agree to your information being used for the stated purpose.</p> | | | | |
| Crew Signature | | | Date | |
| Crew Name (printed) | | | | |
| <p><i>If you wish to discuss any issues relating to the Medical Kits or your personal medical history, please contact Dr Rosie Colahan: davros@bigpond.net.au or mobile 0409 865 283</i></p> | | | | |
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| Office Use only: | | | | |
| Date Received | | | | |
| Date Reviewed | | | | |
| Dr initials | | | | |
| Comments | | | | |
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