

ORCV Confidential Crew Medical Questionnaire Cat 2 and 3

Crew Name	First Name	Surname	DOB	/ /
			Weight	kg
			Gender	M / F
Departure	Place		Date	/ /
Destination	Place		Date	/ /
Medical Conditions	Disease	Status - stable/ controlled		
Regular Medications	Drug	Strength/form*	Dosing	
Drug Allergies	Drug	Reaction		
	Do you carry your own EpiPen (Adrenaline auto-injector)?			Yes/No
Other Allergies	Substance	Reaction		
	Food			
	Dressings			
	Other			
Emergency Action Plan	Disease	Emergency Medication & Management		
Regular GP	Dr's name			
	Clinic name			
	Clinic address			
	Phone			
	Fax			
	Email			
Crew Signature			Date	/ /
<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>				