

Crew Member Personal Information

Instructions: Copy and complete this form. Place in a sealed envelope with your name on the front and give to the master of the vessel.

Date:

Personal Info	Name:	
	Date of Birth:	
	Height:	Weight:
	Home Address:	
	Home Phone:	
	Work Phone:	
Family Doctor	Name:	
	Address:	
	Phone:	
Emergency Contact	Name:	
	Phone #:	
Allergies		
1	Reaction:	
2	Reaction:	
3	Reaction:	
4	Reaction:	
Medications Taken Regularly:		
Name	Strength	Frequency
1		
2		
3		
4		
Vitamins, herbs, or street drugs taken on a regular basis:		
1	2	
Disease or medical problems (diabetes, heart problem, epilepsy, etc.)		
1		
2		
3		
4		
What Surgeries:		
1		
2		
3		
Date of last tetanus booster (should be every ten years):		