

**RMA Questionnaire (The Netherlands), from The Ship Captain's Medical Guide  
December 2010**

**General Data**

- A.1 Ship's name, call letters.
- A.2 Position / course / speed, date and time.
- A.3 Destination, ETA (UTC).
- A.4 Emergency port, ETA (UTC).
- A.5 Medical equipment column A, B of C.
  
- B.1 Surname of patient.
- B.2 Date of birth, age and sex.
- B.3 Job description on board.
- B.4 General practitioner (GP) if in the Netherlands.



**Accident**

- C.1 When did the accident occur?
- C.2 What has happened?
- C.3 Is the victim now conscious, has he/she been unconscious?
- C.4 Is there any loss of blood?
- C.5 General impression: anxious? pain? tightness of the chest? perspiring? complexion??
- C.6 Pulse / blood pressure / number of respirations a minute / temperature.
- C.7 Describe wounds meticulously, examine the body from head to toe for any possible injuries.
- C.8 Might there be a possibility of any back of neck injuries??
- C.9 What did first aid measures consist of?
- C.10 Has any medication been administered?

**Illness / injury**

- D.1 When did the complaints start ? Did they start all of a sudden or gradually?
- D.2 Has the patient been able to work or is he/she in bed?
- D.3 Describe all complaints and symptoms chronologically.
- D.4.1 Fatigue? Headache? Dizzy?
- D.4.2 Any disorders of sight or hearing?
- D.4.3 Pain in the chest?  
If so: Location? Radiating? An oppressive, burning or piercing pain? A continuous or an intermittent pain?
- D.4.4 Heart palpitations?
- D.4.5 Tingling in fingers or around the mouth?
- D.4.6 Coughing? Mucus? Wheezy breathing? Pain when sighing deeply?
- D.4.7 Abdominal pain?  
If so: Location? Radiating? An oppressive, burning or piercing pain? A continuous or an intermittent pain?
- D.4.8 Appetite? Nausea? Burping? Heartburn?
- D.4.9 Vomiting?  
If so: Any blood in vomit?
- D.4.10 Last stool? Black? Putty-coloured?
- D.4.11 Diarrhoea?  
If so: Blood? Slime?
- D.4.12 Frequent urination? Pain when doing so? Turbid urine? Blood in urine?
- D.4.13 Any possibility of pregnancy?
- D.4.14 Pain in the back? Aching arms, legs or joints?
- D.4.15 Itchy?
- D.5 Undergone illnesses, use of medication.
- D.6 Relevant illnesses in the family.
- D.7 Allergies.
- D.8 When was the last time one was in the tropics?
- D.9 Does the patient use alcohol or drugs? Does he smoke?
- D.10 State all medications used since the illness started, and the effects of these..
  
- E.1 Pulse / blood pressure / number of respirations a minute / temperature
- E.2 General impression: ill? anxious ? pain? tightness of the chest? perspiring? complexion? white of the eye's colour?
- E.3 Swollen glands in the neck, under the jaw, in the armpit or in the groin,
- E.4 Describe very precisely the examination of lungs (stethoscope) and abdomen.

**Miscellaneous**

- F. Are there any specific questions for the doctor?