

operation of the aircraft.





United Nations World Food Programme Humanitarian Air Services

MEDICAL Evacuation Request / Authorization

Date:	
Dequating Organization	1
Requesting Organization Requestor Name and Title	
Name of Location to be Evacuated from	<u></u>
Number of Staff to be Evacuated	
Names and details of Evacuees as per attached Bo I do confirm that information provided is true and	
Signature:	Stamp
UN DOCTOR "FIT TO FLY" STATEMENT	
	you may continue report on another page
Doctor's Name:	
Clinic Name and Location:	
AFTER MISSION REPORT	
Pilot in Command:	
Note:	
	al and security evacuation of humanitarian agencies' staff only.
by the Authorities.	peing evacuated complying with the regulations and have all permits required
	sion before, during and after the Evacuation regarding all aspects related to the