

Medical Evacuation Request Form

Date: _____

Requesting Organization: _____

Requestor Name and Title: _____

Name of Patient: _____

Name of Location to be evacuated from: _____

Is patient fit to fly? **Yes** **No**

Does the Patient suffer from a contagious disease? **Yes** **No**

Is the Patient Lying or sitting? _____

Name of the person accompanying the patient, if any: _____

Is the patient assessed physically or by phone? _____

Medical Doctor's Remarks:

Medical Doctor's Name: _____

Signature: _____

Stamp:

Note:

1. UNHAS is available for medical evacuation of humanitarian agencies' staff only.
2. Requesting agency is responsible for their staff evacuation, complying with the regulations and permissions required by the authority.
3. Pilot in Command has the final non-questionable decision before, during and after the evacuation regarding all aspects related to the operation of the aircraft.
4. The Medical Doctor is fully responsible for the information provided above.