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**Medical Evacuation Request**

Date:

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| --- | --- |
| Requesting Organization |  |
| Requestor Name and Title |  |
| Name of Location to be Evacuated from |  |
| Preferred arrival airport |  |
| Number of Staff to be Evacuated |  |

Names and details of Evacuees as per attached Booking Form (List)

I do confirm that information provided is true and correct to the best of my knowledge

Signature: Stamp

**UN DOCTOR "FIT TO FLY" AND ‘FREE OF CONTAGIOUS DESEAS’ STATEMENT**

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*Signature of the Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Clinic Name and location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**AFTER MISSION REPORT**

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Pilot in Command:

Note:

1. Humanitarian Air Services is available for both medical and security evacuation of humanitarian agencies' staff only.

2. Requesting Agency is responsible to have their Staff being evacuated complying with the regulations and have all permits required by the Authorities.

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.