



# Medical Evacuation Request/Authorization

DATE:	
REQUESTING ORGANIZATION:	
REQUESTOR 'S NAME AND TITLE:	
REQUESTOR'S CONTACT NUMBER:	
NAME OF LOCATION/COORDINATES TO BE EVACUATED FROM:	
NAME OF LOCATION/COORDINATES TO BE EVACUATED TO:	

**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 or recognized Medical Doctor/Hospital FIT TO FLY statement

NAME AND NATIONALITY OF PATIENT:	YES	NO
THE PATIENT IS FIT TO FLY**:		
THE PATIENT SUFFERS FROM A CONTAGIOUS DISEASE/HAS CONTAGIOUS SYMPTOMS:		
THE PATIENT NEEDS TO FLY WITH A STRETCHER:		
THE PATIENT HAS TO BE ACCOMPANIED BY MEDICAL STAFF:		

### DOCTOR REPORT, CERTIFICATION/STATEMENT OR OTHER COMMENTS:

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Doctor's name  
and signature: \_\_\_\_\_

Doctor's or  
Clinic Stamp: \_\_\_\_\_

Clinic name and location: \_\_\_\_\_

### AFTER MISSION REPORT

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Pilot in command: \_\_\_\_\_

<b>IMPORTANT REMARKS :</b>
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