**M E D I C A L E V A C U A T I O N F O R M**

To be e-mailed to**:** [**unogmedicalevacuations@un.org**](mailto:unogmedicalevacuations@un.org)or faxed to: **+41 22 917 0007**

**PART A: TO BE COMPLETED BY THE MEDICAL OFFICER, THE UNITED NATIONS DISPENSARY PHYSICIAN OR UNITED NATIONS EXAMINING PHYSICIAN RECOMMENDING MEDICAL EVACUATION**

|  |  |
| --- | --- |
| Duty station: | Country: |
| Name of evacuee: | Date of birth: (dd/mm/yyyy) |
| If evacuee is not the staff member, name of staff member: | |
| Index No.: | Agency/Organization: |
| Diagnosis: | |
| Reasons for recommending medical evacuation (if necessary, attach additional sheet): | |
| Is the evacuee travelling alone? Yes  No | |
| If not, who is accompanying the evacuee?  Doctor  Nurse  Family member  Donor | |
| Place of evacuation recommended: | |
| Expected duration of medical evacuation: | |
| Name of physician: | |
| Email of physician: | Telephone of physician: |
| Date: (dd/mm/yyyy) | Signature: |

**PART B: TO BE COMPLETED BY THE MEDICAL SERVICES SECTION UPON RECEIPT OF THE MEDICAL REPORT ISSUED BY THE ATTENDING PHYSICIAN AT THE PLACE OF EVACUATION**

|  |  |
| --- | --- |
| Medical report received on: (dd/mm/yyyy) | Final diagnosis: |
| Actual place of evacuation: | |
| Departure date: (dd/mm/yyyy) | Return date: (dd/mm/yyyy) |
| Hospitalization – Admitted on: (dd/mm/yyyy) | Discharged on: (dd/mm/yyyy) |

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Front Office **Telephone**: **+41 22 917 2520**