**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**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**