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|  | **URGENT Medical Report**ЭКСТРЕННОЕ Медицинское сообщение |

**Fax:**

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| **Client** |  |
| **Project** |  |

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| **Supervising Doctor** |  |
| **Date** |  | ***Time*** |  | ***Calendar Week*** |  |
| ***Location******Tel.:*** |  |

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| **Patient Details** |
| **Name** |  |
| ***Sex*** | ***Male*** |  | ***Female*** |  | ***Date of Birth (or Age)*** |  |
| **Company** |  | ***Nationality***  |  |
| **Position / Job** |  |
| **Initial Injury / Illness Details** |
| **Patient’s history** |  |
|  |
| **Complaints** |  |
|  |
| **Diagnosis** |  |
| **Patient’s vital signs** | ***Temp.*** |  | **Resp.Rate** |  | **Pulse Rate** |  | **BP** |  | **GCS** |  | ***%SpO2*** |  |
| ***Other examination******Findings*** |  |
|  |
| ***Treatment so far:*** |  |
| ***Medications given & doses*** |  |
| ***Remarks*** |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Company or patient requests evacuation*** | Yes |  | No |  |
| ***In my opinion patient needs evacuation***  | ***Yes*** |  | ***No*** |  |
| ***In my opinion patient can be transported on commercial flight*** | ***Yes*** |  | ***No*** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Patient can travel unescorted**  |  | **With medical escort**  |  | **With non-medical escort** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Patient needs: ordinary seat** |  | **Wheelchair assistance**  |  | **Stretcher case**  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Patient SOS / other insurance / other medical assistance card faxed separately***  | Yes |  | No |  |

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|  FOR SENIOR STAFF |
| ***Passport number*** |  |
| ***Passport location*** |  |
| ***Visas for Countries***  |  |

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| **OUTCOME OF THE MEDICAL CASE** |

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| --- |
| **MEDICAL EVACUATION**  |
| **DATE** |  | **ESCORT** |  | **TYPE OF TRANSPORTATION**  |  |
| **EXPECTED ARRIVAL TIME** |  | **EVACUATED TO:** |  |
| **EVACUATION WAS REPORTED AND APPROVED CMO/CD** |  |
| **EVACUATION AUTHORISED BY** |  |

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| --- |
| **MEDICAL REFERRAL CASE**  |
| **DATE** |  | **ESCORT** |  | **TYPE OF TRANSPORTATION**  |  |
| **EXPECTED ARRIVAL TIME** |  | **REFERRED TO:** |  |
| **CASE WAS REPORTED AND APPROVED CMO/CD** |  |
|  **AUTHORISED BY** |  |