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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*** |  | | | | | | | | | | | | | | | | |

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| ***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*** |  |

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

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

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| ***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** | | | | | | |  | | |