WFP World Food Programme

Non-Critical/Non-COVID-19 Medical Evacuation Request/Authorization

DATE:	
REQUESTING ORGANIZATION:	
REQUESTOR NAME AND TITLE:	
NAME OF LOCATION TO BE EVACUATED FROM:	
NUMBER OF STAFF TO BE EVACUATED:	

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

DOCTOR REPORT, CERTIFICATION/STATEMENT OR OTHER COMMENTS:

Doctor's name and signature:

Doctor's or Clinic Stamp:

Clinic name and location:

AFTER MISSION REPORT

Pilot in command:

IMPORTANT REMARKS :

1. Humanitarian Air Services is available for both medical and security evacuation of humanitarian agencies' staff only.
2. Requesting agency is responsible for ensuring that evacuated staff comply with all regulations and obtain all permits required by authorities.
3. Pilot in command has the final unquestionable decision before, during and after the Evacuation regarding all aspects related to the operation of the aircraft.