



**JUSTIFICATION FOR NECESSITY OF AIR AMBULANCE OR GROUND AMBULANCE  
EVACUATION OF EMPLOYEE**

Date:	Incident Number:	Incident Name:	Host Unit:
Incident Type:	Operational Period:	Incident Commander:	IC Type (1-5)
<b>JUSTIFICATION</b>			
Name of Individual			
Level of medical care on-scene(Circle): <b>Paramedic</b> <b>AEMT</b> <b>EMT</b> <b>Other</b> _____			
Transport Type (Circle): <b>Air Ambulance</b> <b>Ground Ambulance</b> <b>Combination</b>			
Nature of illness or injury:			
Assessment of Severity of Emergency which triggered Medical Evacuation (Circle): <b>Red (Life or Limb threatening)</b> <b>Yellow (Serious injury or illness)</b> <b>Green (Minor illness or injury)</b>			
Describe the situation(s) that caused the necessity for medical extraction via ground or air ambulance. Medical:  Situational (i.e. proximity of fire, availability of other evacuation methods, etc):  Terrain conditions:  Ground Evacuation time(s):  Extenuating Circumstances (i.e. no resources available to carry the patient out, nearest ground ambulance 2 hours or more away, multiple patients at the same time, patient was transported by helicopter to a helicopter landing area and transferred to a higher level of care, etc):			
Incidents are very fluid and complex, decisions to initiate a medical evacuation via ground or air ambulance are based on the best available knowledge, experience, and training of staff on-scene and at the incident command post. Based on the information obtained at the time of the incident and considering all the above factors, the Transportation Type decision was made that the above patient would have the best chance of a positive outcome. The government authorized the medical evacuation and expense described above, which was in the best interest of the government to get the patient to the appropriate higher level of medical care in a timely manner.			
Signature of Medical Caregiver on scene (if available)			
Name:	Title:	Date:	
Signature of Medical Unit Leader (if available)			
Name:	Title:	Date:	
Signature of Incident Commander			
Name:	Title:	Date:	

Copy to be given to Patient for filing with OWCP and to Finance.