



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)
Justification:			
Name of Individual(s)			
Level of medical care on scene (Check):		<input type="checkbox"/> Paramedic <input type="checkbox"/> AEMT <input type="checkbox"/> EMT <input type="checkbox"/> Other _____	
Transport Type (Check):		<input type="checkbox"/> Air Ambulance <input type="checkbox"/> Ground Ambulance <input type="checkbox"/> Combination	
Nature of illness or injury and Name of Ambulance Provider:			
Assessment of Severity of Emergency which triggered Medical Evacuation (Check):			
<input type="checkbox"/> Red (Life or Limb threatening)		<input type="checkbox"/> Yellow (Serious injury or illness)	
<input type="checkbox"/> Green (Minor illness or injury)			
Describe the situation(s) that made extraction via ground or air ambulance necessary. <i>(In the description, consider factors including: Medical condition of the patient, proximity of fire, availability of other evacuation methods, terrain conditions, ground evacuation time, or other extenuating circumstances such as no resources available to carry the patient out, proximity of nearest ground ambulance, multiple patients or mass casualty, patient was short-hauled to helispot, immediate need for higher level of care).</i>			
<i>Incidents are 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 and considering all the above factors, the Transportation Type decision was made that the above patient(s) would have the best chance of a positive outcome. After considering all factors mentioned above, the government authorized the medical evacuation above, to get the patient(s) to the appropriate higher level of medical care in a timely manner. Employees are required to submit worker's compensation claims through their employing agency's prescribed process.</i>			
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 personal documentation purposes.