

DOCUMENTATION OF NECESSITY OF AIR AMBULANCE OR GROUND AMBULANCE EVACUATION

Date:	Incident Number:	Incident Name:	Unit:
Incident Type:	Operational Period:	Incident Commander:	IC Type (1-5)
RATIONALE			
Name of Individual			
Level of medical care on-scene(Circle): Paramedic AEMT EMT Other _____			
Transport Type (Circle): Air Ambulance Ground Ambulance Combination			
Nature of illness or injury:			
Assessment of Severity of Emergency which triggered Medical Evacuation (Circle): Red (Life or Limb threatening) Yellow (Serious injury or illness) Green (Minor illness or injury)			
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 for carry out, nearest ground ambulance 2 hours away, multiple patients at same time, patient was short-hauled to helispot, higher level of care with ambulance, 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 and considering all the above factors, the decision was made that the above patient would have the best chance of a positive outcome using the medical evacuation described. The Incident Management Team authorized the medical evacuation, which was, based on professional experience and judgement, the best available option to get the patient to the appropriate higher level of care in a timely manner and was in the best interest of both the government and the patient.			
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:	

Original to be given to patient as documentation for OWCP or similar medical claims processing.