

# Medical Evacuation Readiness Declaration

Patient Name

Patient ID / Reference Number

Date of Request

Location / Facility

Diagnosis / Reason for Evacuation

Attending Physician

Current Medical Condition

Required Medical Support During Evacuation

Receiving Facility (if known)

I hereby declare that the above patient is ready for medical evacuation and all necessary preparations have been made according to medical protocols.

Physician Name

Signature

Date

Facility Representative Name

Signature

Date