

# Emergency Medical Evacuation Disembarkation Card

## Personal Information

Full Name

Date of Birth

Passport/ID No.

Nationality

Gender

Contact Number

## Evacuation Details

Evacuation Flight No.

Date of Evacuation

From (Location)

To (Location)

## Medical Information

Medical Condition

Special Care/Assistance Required

Additional Notes

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Attending Doctor/Nurse (Name)

Medical Facility

Signature

Date