

AEROMEDICAL EVACUATION MISSION OFFLOAD MESSAGE			
Please transmit the following information	To:	No Later Than: _____ Z	
LOAD	ON BOARD	OFF LOAD	
LITTERS			
AMBULATORY			
Med/Non-Med ATTENDANTS			
AE CREW			
TOTALS			
Number of Seats Released for Pax: _____			
SPECIAL REQUIREMENTS (Circle appropriate items/print in open fields)			
PATIENT CITE NUMBER:			
Ambulance (ACLS/BLS); Defibrillator; Cardiac Monitor; IVAC; Oxygen; Medical Compressed Air; Suction; Physician; Flight Surgeon; Medication(s): _____ Other: _____			
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PATIENT CITE NUMBER:			
Ambulance (ACLS/BLS); Defibrillator; Cardiac Monitor; IVAC; Oxygen; Medical Compressed Air; Suction; Physician; Flight Surgeon; Medication(s): _____ Other: _____			
Nurse / Medic certified to accept narcotics: YES / NO			
HI-LIFT TRUCK	K-LOADER	HDPLP / PLS	AIRSTAIRS
AE Crew Transportation: # _____ AECMs			
COMMENTS:			
Offload message provided to:			Time: _____ Z

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