

COVID-19 MEDEVAC REQUEST FORM for COVID-19 COORDINATOR (Version 9)

Instructions: Please send the completed form with **ALL medevac required documents** at the requisite stage to: unmedevac@who.int (Tel: +41 22 791 5555)

Information Required	Include details here
Patient details	Full name:
	Date of Birth (dd/mm/yy):
	Nationality: Additional nationality (if applicable): UN LP available? (if applicable) ¹ :
	Gender:
	UN Index No (if applicable):
Referring Entity/Organisation & Point of Contact	Entity name: Contact name: E-mail address:
Nature of association with referring Entity	<input type="checkbox"/> Nat. Staff <input type="checkbox"/> Int. Staff <input type="checkbox"/> Contractor <input type="checkbox"/> Consultant <input type="checkbox"/> Dependent <input type="checkbox"/> Uniformed personnel (Mil/Pol) Other (pls specify): _____
Patient Current Location	Town/city: Country:
If patient <u>not</u> in Duty Location, indicate reason for presence in current location	
Patient health status/COVID-19 status	<input type="checkbox"/> Lab confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Unknown <input type="checkbox"/> Hospitalized <input type="checkbox"/> At home Other:
Flight requested from/ Country of departure	Airport name:
	City:
	Country:
COVID-19 Coordinator	Name: E-mail: Phone number:
Treating Medical Provider (TMP)²	Name: Email: Phone number:

¹ Note that possession of a UNLP or UN travel document is not a prerequisite for the initiation of a COVID-19 MEDEVAC

² The Treating Medical Provider (TMP) is the medical professional directly responsible for providing care for the COVID-19 patient who is being considered for MEDEVAC. The TMP provides the necessary clinical information to the UN MEDEVAC Cell to validate the need for MEDEVAC, and the fitness of the patient to fly.

CHECKLIST - REQUIRED DOCUMENTS

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WITH INITIAL MEDEVAC REQUEST	
Patient passport copy:	
Patient LP copy (if existing):	
Patient Clinical Form from Treating Medical Provider (TMP)	
When MEDEVAC is confirmed by MEDEVAC Coordination Unit (MCU)	
Patient Medical information/update (including vaccination booklet- copies)	
Patient Disclosure and Consent Form To be signed by patient (or guardian)	
Letter of Guarantee (UN System or INGO/Vendor version) To be signed by referring entity/organisation	
UN Travel Document application initiated? (note this will not be necessary / applicable in all cases) If yes, add details of primary Point of Contact responsible for application submission	Name: Email:
Patient Visa copy to medevac destination (if existing)	
In case of INGOs MEDEVAC Letter on Access to COVID-19 MEDEVAC System To be signed by RC/DO and INGO. All incorporated elements (including Patient Disclosure and Consent Form and Letter of Guarantee) to be signed by appropriate parties as indicated.	
In case of UN Vendor MEDEVAC Letter on Access to COVID-19 MEDEVAC System To be signed by RC/DO and Rep of UN Vendor. All incorporated elements (including Patient Disclosure and Consent Form and Letter of Guarantee) to be signed by appropriate parties as indicated.	