

| | | | | | | | |
|---|------------|--------------|--|------------|-----------|----|-------|
| PATIENT EVACUATION MANIFEST | | MANIFEST NO. | ESTIMATED TIME OF DEPARTURE AND DATE | | PAGE | OF | PAGES |
| MEDICAL FACILITY PREPARING MANIFEST | | | ORIGINATING TERMINAL | | | | |
| In this column list for each patient the following items in the order indicated: NAME - GRADE - SERVICE - SERVICE NUMBER - SSAN DIAGNOSIS - CLASS OF PATIENT FROM (<i>Medical Facility</i>) - TO (<i>Hospital</i>) | | | In this column list for each patient the following items in the order indicated: EMERGENCY ADDRESSEE - RELATIONSHIP ADDRESS - TOWN AND STATE DESTINATION TERMINAL - BAGGAGE TAG NUMBERS | | | | |
| DOUBLE SPACE BETWEEN PATIENTS' ENTRIES | | | DOUBLE SPACE BETWEEN PATIENTS' ENTRIES | | | | |
| | | | | | | | |
| CARRIER | FLIGHT NO. | TRIP | TRIP NO. | VOYAGE NO. | SIGNATURE | | |