

REQUEST FOR ROYAL AIR FORCE MEDEVAC ASSISTANCE

This Form is to be used to request patient transfer (Medevac) assistance and should be completed by the relevant Medical authority prior to the request being accepted by the Aeronautical Rescue & Coordination Centre (ARCC).

Authorities should note the following requirements:

- 1. RAF/MOD assistance can only be granted if there is no alternative form of patient transfer available. This includes commercial/civilian air ambulance services.**
- 2. The RAF/MOD is not responsible for returning medical staff to the despatching medical establishment once any Medevac is accepted.**
- 3. The ARCC is not empowered to discuss or infer charges or costs.**
- 4. The patient must be prepared for transport in such a way that there is no expectation of support (electrical or otherwise) from the RAF/MOD asset used.**
- 5. The patient is to be accompanied by suitably qualified health service personnel during the transfer. Where this is not possible the RAF/MOD can accept no responsibility for the patients condition during the transfer or whilst in the care of the RAF/MOD.**

Departure Hospital.....Tel.....

Destination Hospital.....Tel.....

Patient Details:

Name.....

Age/Date of Birth.....Sex M/F

Medical Details and Reason for Transfer

.....

.....

Special Handling.....

Contagious Y or N Infectious Y or N (circle as appropriate)

Equipment.....

.....

.....

Medical Staff

(Note: The Seaking does not have a heated cabin please ensure staff dress accordingly)

I hereby certify that:

**I have obtained authority or am able to authorise payment for this Medevac from the
..... Area Health Authority
budget, even though costs have not been discussed by the ARCC.**

**I understand that the responsibility for recovering accompanying medical staff
remains with this medical authority.**

**I have exhausted all other avenues of patient transport, including commercial air
ambulance services.**

**Where medical cover is not to be provided for the transfer, this has been agreed
with the ARCC prior to the commencement of the transfer and that the**

**..... Area Health Authority
agree to indemnify the RAF/MOD and its servants for any and all incidents relating
to the condition of the patient concerned in this transfer, howsoever they may be
caused, whilst the patient is in the care of the RAF/MOD.**

**I understand that there may not be paramedic or otherwise qualified crewmen
aboard the RAF/MOD asset assigned to this Medevac.**

Name..... Signature Date.....

Incident / Patient Number

For and on behalf of.....(Medical Authority)

PLEASE COMPLETE LEGIBLY AND FAX TO 01309 678308 or 678309