Medical Emergency Details

Request the following information and provide to Emergency Services:

(circle or comment as appropriate)

Callsign:			**Time (DTG):**		
ETA:			**Gate:**		
Destination:			**Response:**	Kerbside	Airside
Ambulance requested:	Yes	No	**Called:**	Yes	No
Note: *Emergency Services may require assistance to locate airport/terminal/access gate e.g. street address*					
Gender:	Male	Female	Unknown	**Age:**	
Is the patient conscious?	Yes	No	Unknown	**Time assessed:**	
Is the patient breathing?	Yes	No	Unknown		
Does the patient speak English	Yes	No	Unknown		
Basic symptoms:				**Time assessed:**	
Any medications?					
Any medical help on board? *(Doctor/Nurse)*					
Position in aircraft? *(seat and/or door)*					
Additional units to notify:					