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Incident Command Form 206

Medical Plan

Logo Placeholder Other Agency

1. Incident Name:		2. Operational Period:	Date From:		Date To:	
			Time From:		Time To:	

3. Medical Aid Stations:

Name	Location	Phone Number	Paramedics on Site

4. Transportation (indicate air or ground):

Ambulance Service	Location	Phone Number	Level of Service

5. Hospitals:

Hospital Name	Address and Latitude/Longitude (helipad)	Phone Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Heli-pad
			Air	Ground			

6. Special Medical Emergency Procedures:

☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with air operations.

7. Prepared by: Signature:

8. Approved by: (Med. Unit Leader): Signature:

Date/Time:

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