|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | **MEDICAL CLEARANCE**  (to be completed or obtained from the attending physician) | | | | | | | | | | | | MEDA  Confidential if filled | | | |
| Patient’s name |  | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth |  | | | | | | | | | | | | | Gender | | | | | |  | | | |
| Height (metres) |  | | | | | | | | | | | | | Weight (Kgs) | | | | | |  | | | |
| **Diagnosis**  (including date of current illness, episode of accident and treatment, specific contagious) | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Nature and date of any recent and/or relevant surgery** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Additional clinical information** | | | | | | | | | | | | | | | | | | | | | | | |
| Respiratory condition | | | | | | | | | | | | | | | | | | | | | | | |
|  | Spontaneously | | | | | | | | Mechanical ventilated | | | | | Intubated | | | | | | Tracheostomy | | | |
| IPPV | | | | | | | | SIMV | | | | | BIPAP | | | | | | CPAP | | | |
| FiO2 | | | | | | VT | | | | | | f | | | | PEEP | | | | | PIP | |
|  | | | | | |  | | | | | |  | | | |  | | | | |  | |
| Oxygen needed during transport? | | | | | | | | | | | | | | YES | | | | | | NO | | |
| Oxygen needed specific flow O2 / min | | | | | | | | | | | | | |  | | | | | | | | |
| Measurement of oxygen saturation | | | | | | | | | | | | | | YES | | | | | | NO | | |
| **Cardiac condition:** | | | | | | | | | | | | | | | | | | | | | | | |
|  | Heart rate | | | | | | | | | | | | | | Blood pressure | | | | | | | | |
| /min | | | | | | | | | | | | | | mmHg | | | | | | | | |
| Is the condition stable? | | | | | | | | | | | | | | YES | | | | | | NO | | |
| Myocardial infarction | | | | | | | | | | | | | | YES | | | | | | NO | | |
| Cardiac failure | | | | | | | | | NYHA | | | | | YES | | | | | | NO | | |
| ECG | | | | | | | | | | | | | | YES | | | | | | NO | | |
| If yes. What was the resolute? | | | | | | | | | | | | | |  | | | | | | | | |
| ECG during transport? | | | | | | | | | | | | | | YES | | | | | | NO | | |
| Anemia | Give recent results in grams of hemoglobin | | | | | | | | | | | | | |  | | | | | | | | |
| Continence Bladder control | If no, mode of control | | | | | | | | | | | | | | YES | | | | | | NO | | |
| **Neurologic condition** | | | | | | | | | | | | | | | | | | | | | | | |
| GCS | | Eyes | | | | | | | | | | Verbal | | | | | | | Motor | | | | |
| 1 – Does not open eyes | | | | | | | | | | 1 – Makes no sounds | | | | | | | 1 – Makes no movements | | | | |
| 2 - In response to painful stimuli | | | | | | | | | | 2 - Incomprehensible sounds | | | | | | | 2 – Extension to painful stimuli | | | | |
| 3 – In response to voice | | | | | | | | | | 3 – Utters inappropriate words | | | | | | | 3 – Abnormal flexion to painful stimuli | | | | |
| 4 - Spontaneously | | | | | | | | | | 4 – Confused, disoriented | | | | | | | 4 – Abnormal flexion to painful stimuli | | | | |
| ------------------------------- | | | | | | | | | | 5 – Normal oriented | | | | | | | 5 – Localizes painful stimuli | | | | |
| ------------------------------- | | | | | | | | | | ------------------------------- | | | | | | | 6 – Obeys commands | | | | |
|  | Epilepsy | | | | | | | | | | | | | | YES | | | | | | NO | | |
| Can patient be agitated during transport? | | | | | | | | | | | | | | YES | | | | | | NO | | |
| Infection | YES | | | | NO | | | | | | Temperature: | | | | | | | Type of pathogen: | | | | | |
| **Medication list:** |  | | | | | | | | | | | | | | | | | | | | | | |
| **Mobility** | | | | | | | | | | | | | | | | | | | | | | | |
|  | Stretcher | | | | | | | | | | | | | | | | | YES | | | | | NO |
| Vacuum | | | | | | | | | | | | | | | | | YES | | | | | NO |
| Air comfort stretcher / floating stretcher | | | | | | | | | | | | | | | | | YES | | | | | NO |
| WCHR – can walk well, but can use stairs | | | | | | | | | | | | | | | | | YES | | | | | NO |
| WCHS – cannot going up and down stairs | | | | | | | | | | | | | | | | | YES | | | | | NO |
| WCHC – cannot walk at all | | | | | | | | | | | | | | | | | YES | | | | | NO |
| Can walk well | | | | | | | | | | | | | | | | | YES | | | | | NO |
| **Medical assistant** | | | | | | | | | | | | | | | | | | | | | | | |
| Patient have to be escorted by: | | | | | | | | | | | | | | | | | | | | | | | |
| Physician | | | | | | Nurse | | | | | | | | | | Paramedic | | | | | | | |
| Other medical information, nursing problems: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Prognosis for the trip | | | | | | | | Good | | | | | | | | | | Poor | | | | | |
| **Patient has to be transported to:** | | | | | | | | | | | | | | | | | | | | | | | |
| Hospital | | Rehabilitation unit | | | | | | | | | | Home | | | | | | | Other | | | | |
| Physician name | | |  | | | | | | | | | | | | | | | | | | | | |
| Hospital address | | | |  | | | | | | | | | | | | | | | | | | | |
| Telephone / Fax | | | |  | | | | | | | | | | | | | | | | | | | |
| E-mail address | | | |  | | | | | | | | | | | | | | | | | | | |
| Signature of physician | | | |  | | | | | | | | | | | Date | | |  | | | | | |
| Please fill in and send form to  fax: +48 71 707 20 68 ou/or e-mail: biuro@specjal-trans.pl | | | | | | | | | | | | | | | | | | | | | | | |
| Specjal-Trans S.C.  [www.transport-medyczny.info](http://www.transport-medyczny.info) [www.specjal-trans.pl](http://www.specjal-trans.pl)  Contact in Polish and German: +48 600 939 735  Contact in Polish and English: +48 604 597 853 | | | | | | | | | | | | | | | | | | | | | | | |