



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 <input type="checkbox"/>	Mechanical ventilated <input type="checkbox"/>	Intubated <input type="checkbox"/>	Tracheostomy <input type="checkbox"/>	
	IPPV <input type="checkbox"/>	SIMV <input type="checkbox"/>	BIPAP <input type="checkbox"/>	CPAP <input type="checkbox"/>	
	FiO ₂	VT	f	PEEP	PIP
	Oxygen needed during transport?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Oxygen needed specific flow O ₂ / min				
	Measurement of oxygen saturation		<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Cardiac condition:				
	Heart rate		Blood pressure	
	/min		mmHg	
	Is the condition stable?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Myocardial infarction		<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Cardiac failure	NYHA	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	ECG		<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If yes. What was the resolute?			
ECG during transport?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Anemia	Give recent results in grams of hemoglobin			
Continance Bladder control	If no, mode of control		<input type="checkbox"/> YES <input type="checkbox"/> 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		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Can patient be agitated during transport?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Infection	<input type="checkbox"/> YES <input type="checkbox"/> NO	Temperature:	Type of pathogen:	
Medication list:				
Mobility				
	Stretcher	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Vacuum	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Air comfort stretcher / floating stretcher	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	WCHR – can walk well, but can use stairs	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	WCHS – cannot going up and down stairs	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	WCHC – cannot walk at all	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Can walk well	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Medical assistant			
Patient have to be escorted by:			
<input type="checkbox"/> Physician	<input type="checkbox"/> Nurse	<input type="checkbox"/> Paramedic	
Other medical information, nursing problems:			
Prognosis for the trip	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	
Patient has to be transported to:			
Hospital <input type="checkbox"/>	Rehabilitation unit <input type="checkbox"/>	Home <input type="checkbox"/>	Other <input type="checkbox"/>
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 www.specjal-trans.pl Contact in Polish and German: +48 600 939 735 Contact in Polish and English: +48 604 597 853			