



EMERGENCY RESPONSE
SEARCH & RESCUE

Requesting Company Name		EMS SAR Case or G #: <input type="text"/>			
Address					
Represented by					
Telephone No					
Customer Order No					
TSA "No Fly List" Required Patient Information	Patient Name	Nationality/Passport #	Age	Sex	DOB (mm/dd/yyyy)
Medical Data	Nature of Emergency				
	Treatment Provided				
	On Scene Medical Personnel	First Responder	EMT-Basic	EMT-Intermediate	
		Paramedic	RN or Physician Assistant	Medical Physician	
Designated Arriving Hospital		ER Phone number		ER VHF Comms	
Vessel Or Offshore Platform Data	Name of individual making report		Cell or Phone Number		
	Vessel or Platform Name:		Block Number		
	Coordinates (Lat/Long)		Course/Speed (Vessel only)		
	Vessel/Platform Discrete Comms Channels		Vessel Length or Helideck Size/Rating		
	Working Communication Freqs		Monitoring Freqs		
On Scene Wx	Winds		Air/Sea Temps		
	Visibility		Seas/Swells		
	Cloud Cover/Ceiling		Barometric Pressure		
Era Operational Control	Name and Position:			Time Briefed:	

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1(800) 655-1414