

PATIENT EVACUATION MANIFEST			MANIFEST NO.		ESTIMATED TIME OF DEPARTURE AND DATE		PAGE OF PAGES	
MEDICAL FACILITY PREPARING MANIFEST					ORIGINATING TERMINAL			
In this column list for each patient the following items in the order indicated: NAME - GRADE - SERVICE - SERVICE NUMBER - SSAN DIAGNOSIS - CLASS OF PATIENT FROM (Medical Facility) - TO (Hospital)					In this column list for each patient the following items in the order indicated: EMERGENCY ADDRESSEE - RELATIONSHIP ADDRESS - TOWN AND STATE DESTINATION TERMINAL - BAGGAGE TAG NUMBERS			
DOUBLE SPACE BETWEEN PATIENTS' ENTRIES					DOUBLE SPACE BETWEEN PATIENTS' ENTRIES			
CARRIER		FLIGHT NO.	TRIP	TRIP NO.	VOYAGE NO.	SIGNATURE		