

**APPENDIX E**  
**PATIENT REGULATING FORMS**  
**SAMPLE FORMAT**

**Section I. USE OF DD FORM 600, PATIENT'S BAGGAGE TAG**

**E-1. General**

A DD Form 600, Patient's Baggage Tag, is prepared for and firmly affixed to each piece of baggage accompanying patients traveling by military common carrier. When a patient's journey is to be made in several stages, one tag will serve throughout the entire trip, even though the patient may be moved by more than one common carrier. A copy of the patient's travel orders should also be placed inside each piece of baggage to ensure the prompt return of misdirected items. Do not use DD Form 600 for baggage not moving aboard the train, aircraft, or vessel with the patient. Such items are moved as ordinary unaccompanied baggage in accordance with applicable service directives.

**E2. Preparation of DD Form 600**

The OMF completes DD Form 600 (Figure E-1) and firmly attaches it to each piece of baggage accompanying the patient. All items except the en route staging facilities should be completed, prior to arriving at the MASF.

**E-3. Receipt for Checked Baggage**

Detach the patient's stub from the DD Form 600 and give it to the patient as his receipt for checked baggage. If the patient is unable to safeguard the stub, give it to the senior medical attendant accompanying the patient. As accompanying medical personnel are relieved, the patient's stub is turned over to the succeeding senior medical attendant. At the destination terminal, the accompanying medical attendant delivers the stub to the representative of the destination hospital accepting delivery of the patient.

**E-4. Disposition of DD Form 600**

The Patient's Baggage Tag and accompanying stub may be destroyed when baggage is returned to the patient or the DD Form 600 is replaced by a local baggage tag and stub at the destination hospital.

|  |  |
|--|--|
| U.S. GOV'T PRINTING OFF. 1983-416-719                                |  |
| DD FORM 600<br>1 JUL 73  | REPLACES EDITION OF 1 OCT 51 WHICH MAY BE USED |
| PATIENT'S BAGGAGE TAG<br>(DO NOT DETACH)                             | NO<br><b>Q 754698</b>                          |
| ORIGINATING CARRIER<br><b>123rd MED Co. (AIR AMB)</b>                |  |
| PATIENT (Last name-First name-Middle initial)<br><b>DOE, JOHN J.</b> |  |
| GRADE<br><b>CPL</b>  | SSN<br><b>080-80-0088</b>                      |
| FROM   |  |
| ORIGINATING MEDICAL FACILITY<br><b>C/504th Sup BN</b>                | ORIGINATING TERMINAL<br><b>FL 12314562</b>     |
| THRU   |  |
| <b>SAMPLE</b>  |  |
| TO   |  |
| DESTINATION HOSPITAL<br><b>138th CSH</b>                             | TERMINAL<br><b>GL 11508133</b>                 |
| PATIENT'S STUB   | NO<br><b>Q754698</b>                           |
| ORIGINATING CARRIER<br><b>123rd MED Co. (AIR AMB)</b>                |  |
| PATIENT (Last name-First name-Middle initial)<br><b>DOE, JOHN J.</b> |  |
| GRADE<br><b>CPL</b>  | SSN<br><b>080-80-0088</b>                      |

Figure E-1. Sample DD Form 600.

## Section II. USE OF DD FORM 601, PATIENT EVACUATION MANIFEST

### E-5. General

A DD Form 601 is prepared for each patient to be transferred. All patients destined for the same off-load terminal may be listed on the same manifest form. The off-load terminal may not be the patient's final destination. For example, the patient is evacuated by ground to a CSH. However, due to the seriousness of his condition, he is evacuated by air from the CSH to a general hospital in the COMMZ. Medical treatment facilities must maintain close liaison with local support elements or medical evacuation battalions to ensure proper coordination with corps is affected. Support elements may waive the requirements for preparation of DD Form 601 providing the support element prepares an adequate patient manifest and furnishes copies to the originating and destination MTFs.

### E-6. Preparation of DD Form 601

The OMF prepares DD Form 601. The required number of copies is determined locally and should be included in the unit SOP. Complete this form in accordance with the directions contained on the form and the following instructions:

a. Number manifests by Julian date with a number consisting of the last digit of the calendar year and the serial number of the manifest on that day and separated by a hyphen. For example, the tenth manifest issued on 19 December 1989 is numbered "9353-10" with the "9" being the last digit of the calendar year, the "353" being the Julian date for that day, and the "10" representing the number of manifests prepared so far on that day.

b. All attendants (medical and nonmedical) are identified on the DD Form 601 directly following the information on the patient they are attending. If the en route medical care and surveillance is being done by only one individual, his name and information should be included after the last patient entry. Do not list the patient's attendant as an emergency addressee.

c. Enter the term "prisoner" below the name of the OMF for patients in a prisoner status.

d. Enter the words "Under Investigation" to identify patients who are under investigation, but not formally charged with a serious crime.

e. Enter the term "DA" to identify patients with a history of drug abuse.

f. When necessary, deletions and changes should be initialed by the individual who signed the manifest. If a patient is listed on the manifest who cannot be moved, line out all entries pertaining to that patient and initial the change. See Figure E-2 for a sample DD Form 601.

### E-7. Disposition of DD Form 601

At the loading point give the DD Form 601 to the senior medical person present. He will check all patients and baggage listed on the manifest. He will note any changes and return a signed copy acknowledging receipt for all manifested patients and baggage. The OMF retains the signed copy of the form for 12 months, after which it may be destroyed.

This paragraph implements STANAG 3204 and Air STD 61/71.

### E-8. Considerations for Use of Aeromedical Evacuation

The medical assessment of a patient for aeromedical evacuation is made at the OMF.

a. The availability of suitable facilities, both in-flight and at staging stations en route, together with the proposed altitude and duration of the flight must be considered.

b. The clinical decision for choosing the method of evacuation is made by the attending physician. The following are clinical considerations (*applying to pressurized aircraft*) which may be used in this decision process:

(1) Experience has shown that there are no absolute contraindications to air movement. The

following classes of patients, however, should only be accepted when special arrangements have been made:

- Patients who are in the infectious stage of serious communicable disease; if they are accepted, special precautions are to be taken to protect other patients, passengers, and crew.

- Patients whose general condition is poor and there are overriding medical and social reasons for air movement.

(2) Patients with any of the following conditions require special considerations:

- Respiratory embarrassment.

- Cardiac failure or postmyocardial infarction, especially in the first 6 weeks.

- Severe anemia.

- Trapped gas within any body cavity, postlaparotomy patients, and patients who have had gas introduced into their body as a diagnostic procedure should not normally be moved within 10 days of the operation (21 days for a thoracotomy).

- Patients suffering from decompression sickness. Patients being transferred to a recompression treatment facility should not normally be flown with a cabin altitude in excess of 1,000 feet above sea level.

- Patients with an external fixation of the jaws must have a means of releasing the jaws immediately available or intermaxillary

elastics used for fixation, and a competent escort to accompany the patient.

- Infectious patients.

- Patients in plaster of paris casts should be escorted since limbs may swell in flight necessitating bivalving of the cast. Casts applied less than 72 hours prior to the flight are to be of the GYPSONA type and are split (including all dressings) down to the skin level. Patients with lower limb plasters are normally to be stretcher cases unless the cast has been on for more than 7 days and there is no residual tissue swelling.

- Detached retina, intraocular hemorrhage, or any choroidal or retinal injury. Hypoxia can increase intraocular tension and cause melosis.

- Patients with subarachoid hemorrhage should be moved either before 48 hours or after 6 weeks have elapsed.

- Patients with vascular anastomosis should not be subjected to aeromedical evacuation for 14 days.

c. Pregnant women who require aeromedical evacuation for reasons unconnected with their pregnancy may be accepted for air transport without special precautions up to the end of the 34th week of pregnancy, provided that the obstetrician or medical officer in charge certifies that the pregnancy is proceeding normally and that there is nothing in the obstetric history to suggest a premature onset of labor is likely.

d. The classifications for patients being aeromedically evacuated is contained in Appendix F.

## SAMPLE FORMAT

|  |                         |  |                   |            |           |
|--|-------------------------|--|-------------------|------------|-----------|
| <b>PATIENT EVACUATION MANIFEST</b>   | MANIFEST NO.<br>9353-10 | ESTIMATED TIME OF DEPARTURE AND DATE<br>1500 19 Dec 89   | PAGE 1 OF 1 PAGES |            |           |
| MEDICAL FACILITY PREPARING MANIFEST<br>C Co. 504th FSB   |                         | ORIGINATING TERMINAL<br>C Co. 504th FSB  |                   |            |           |
| In this column list for each patient the following items in the order indicated:<br>NAME--GRADE--SERVICE--SERVICE NUMBER<br>DIAGNOSIS--CLASS OF PATIENT<br>FROM (Medical facility)--TO (Hospital)  |                         | In this column list for each patient the following items in the order indicated:<br>EMERGENCY ADDRESSEE--RELATIONSHIP<br>ADDRESS--TOWN AND STATE<br>DESTINATION TERMINAL--BAGGAGE TAG NUMBERS  |                   |            |           |
| DOUBLE SPACE BETWEEN PATIENTS' ENTRIES   |                         | DOUBLE SPACE BETWEEN PATIENTS' ENTRIES   |                   |            |           |
| <p>Doe, John J.<br/>CPL, USA<br/>080-80-0088<br/>GSW to head<br/>2A<br/>FROM: C/504th Sup Bn<br/>TO: 138th CSH</p> <p>Doeski, Herman A.<br/>SGT<br/>01234-03<br/>GSW to lower abdomen<br/>2A<br/>FROM: C/504th Sup Bn<br/>"PRISONER"<br/>TO: 138th CSH</p> <p>Jones, John R.<br/>PFC, USA<br/>173-24-5621<br/>5B<br/>FROM: C/504th Sup Bn<br/>"DA"<br/>TO: 138th CSH</p> <p>Lopez, Jasinto P.<br/>SPC, USA<br/>002-00-8800<br/>6B<br/>FROM: C/504th Sup Bn<br/>TO: 138th CSH</p> |                         | <p>NOK<br/>Mrs. Linda Doe (Wife)<br/>4030 Commercial Ave.<br/>San Antonio, Texas<br/>DEST: 138th CSH<br/>TAG# Q754698</p> <p>NOK<br/>Mr. Henry H. Doeski (Father)<br/>123 Ramblewood Dr.<br/>Corpus Christi, Texas<br/>DEST: 138th CSH<br/>TAG# Q754697</p> <p>NOK<br/>Ms. Susan L. Jones (Sister)<br/>333 Main Street<br/>Athens, Georgia<br/>DEST: 138th CSH<br/>TAG# Q754699</p> <p>NOK<br/>Mrs. Celia Hernandez (Mother)<br/>261 Castle Drive<br/>San Diego, California<br/>DEST: 138th CSH<br/>TAG# Q754696</p> |                   |            |           |
| CARRIER  | FLIGHT NO.              | TRIP   | TRIP NO.          | VOYAGE NO. | SIGNATURE |

**DD** FORM 1 OCT 51 **601**

16 68670-1 U.S. GOVERNMENT PRINTING OFFICE

*Figure E-2. Sample DD Form 601.*

### Section III. USE OF DD FORM 602, PATIENT EVACUATION TAG

This paragraph implements STANAG 2132.

#### E-9. General

a. Department of Defense Form 602 is the patient's intransit medical record. The attending physician prescribes en route medical care requirements on this form before the patient departs the OMF, and all en route treatments are noted on the form during the patient's journey. The tag consists of the "Ship's Record Office Tab," the "Embarkation Tab," and the "Debarkation Tab." Only the basic tag is normally required. The "Embarkation Tab" and "Debarkation Tab" may be completed and used locally.

b. All patients must wear a patient identification band while in the USAF aeromedical evacuation system. This is not required by the Army evacuation system.

#### E-10. Preparation of DD Form 602

The OMF prepares DD Form 602 (Figures E-3 and E-4), entering all pertinent information except "Cabin or Compartment No." and "Bunk No." This information, when required, is entered by the air ambulance aidman or medical attendant. If a battle casualty does not have a DD Form 1380 attached when picked up, the air ambulance aidman will initiate a DD Form 602 and attach it to the patient. If a patient's journey is in several stages, en route ASFs use the original tag for recording pertinent medical data and forward it with the patient when he departs for the next leg of his journey.

a. Enter all diagnoses, including only such detail as is useful in caring for the patient during his journey.

b. In the "Diagnosis" section, enter in red pencil the terms:

(1) "Prisoner" for patients in a prisoner status.

(2) "Under Investigation" for patients who are under investigation (but not formally charged) for a serious crime.

(3) "DA" for patients with a history of drug abuse.

c. Check the space "Battle Casualty" only if the patient actually falls into this category as defined in governing regulations of his service. Patients who are not battle casualties, but under treatment primarily for nonbattle wounds or other injuries are classed as "Injury."

d. Enter the same baggage tag numbers as shown on DD Form 600.

e. Enter treatment ream-mended en route in the space provided. En route medication, with dosage as prescribed by the attending physician, must be recorded in this section. If a patient requires tube feeding, a copy of the tube feeding formula must be attached to DD Form 602 to ensure that he receives the same tube feeding throughout his journey.

#### E-11. Continued Use of DD Form 602

a. While in the aeromedical evacuation system, the medical personnel providing en route medical care use the reverse side of the form to note patient examinations and treatments, where such information is not sufficient to justify opening the patient's clinical record. Further, treatments administered at en route medical facilities or ASPs are also annotated. All treatment entries include the time that the actual treatment was administered. This entry must be recorded in Greenwich mean time and indicated by use of the suffix "Z."

b. At all intermediate stops prior to arrival at the destination medical facility, the name of the facility and the dates of the patient's arrival and departure are annotated, such as Letterman Army Medical Center, 7 Feb—9 Feb 89.

#### E-12. Disposition of DD Form 602

The destination hospital staples the basic tag of DD Form 602 to the Standard Form 602 in the patient's health record. The "Embarkation Tab" and "Debarkation Tab" may be retained by the air ambulance unit or disposed of locally.

DD FORM 602  
1 FEB 63



REPLACES DD FORM 602, 1 OCT 51  
PREVIOUS EDITIONS ARE OBSOLETE  
REMPLACE DD FORM 602, 1 OCTOBRE 1951  
LES EDITIONS PRECEDENTS SONT CADUQUES

**SAMPLE FORMAT**

| PATIENT EVACUATION TAG — FICHE D'ÉVACUATION DE PATIENT<br>(Tie this tag to patient — Attacher cette fiche au patient)  |  |   |                                     |                                  |
|--|--|---|-------------------------------------|----------------------------------|
| FROM (Medical treatment facility)<br>ORIGINE (Installation de traitement médical)<br><b>C/504th SUP BN</b>   |  |   |                                     |                                  |
| NAME (Last—first—middle initial)<br>NOM (Nom de famille—premier prénom—initiale deuxième prénom)<br><b>DOE, JOHN J</b>   |  |   |                                     |                                  |
| SERVICE NUMBER<br>NUMÉRO MATRICULE<br><b>080-80-0088</b>   | RANK/RATING/GRADE<br>GRADE<br><b>CPL</b>                                 | CATEGORY OF PERSONNEL (Service or employer and nationality)<br>CATÉGORIE DE PERSONNEL (Service ou employeur et nationalité)<br><b>USA</b> |                                     |                                  |
| DIAGNOSIS<br>DIAGNOSTIC <b>8739 GSW to head</b>  |  |   |                                     |                                  |
| CLASS—CLASSE   |  | DISEASE<br>MALADIE  | BATTLE CASUALTY<br>BLESSÉ AU COMBAT | INJURY<br>BLESSURE               |
| 1A   | 2A <b>X</b>  |   | <b>XX</b>                           |                                  |
| 1B   | 2B   |   |                                     |                                  |
| 1C   |  | CABIN OR COMPARTMENT NO.<br>NO. CABINE OU COMPARTIMENT  |                                     | BUNK NUMBER<br>NUMÉRO COUCHE     |
| 3  | 4  |   |                                     |                                  |
| VSI<br>TRÈS GRAV. MAL<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Oui <input type="checkbox"/> Non   |  | BAGGAGE TAG NUMBER(S)<br>NUMÉROS ÉTIQUETTES BAGAGE <b>Q754698</b>   |                                     |                                  |
| DESTINATION<br>DESTINATION <b>138th CSH</b>  |  | SHIP/AC (Last—first)<br>NAVIRE/AVION (Matricule) [1, per]   |                                     |                                  |
| TREATMENT RECOMMENDED EN ROUTE (If no treatment is required in connection to this effect is made)<br>TRAITEMENT RECOMMANDÉ EN ROUTE (Indiquer si aucun traitement n'est nécessaire)<br><b>MONITOR CASUALTY, START IV ONLY IF BLOOD PRESSURE IS DECREASING, RINGUR<sup>5</sup> LACTATE AT A TKO RATE.</b> |  |   |                                     |                                  |
| SIGNATURE OF MEDICAL OFFICER<br>SIGNATURE DU MÉDECIN<br><b>S/ CHARLTON HESTON, MAJ, MC</b>   |  |   |                                     | DATE<br>DATE<br><b>19 DEC 89</b> |
| REGULAR DIET<br>RÉGIME NORMAL  | SPECIAL DIET (Description)<br>RÉGIME SPÉCIAL (Description)<br><b>NPD</b> |   |                                     |                                  |
| SHIP'S RECORD OFFICE TAB — FICHE POUR ARCHIVES TRANSPORTS  |  |   |                                     |                                  |
| FROM (Medical treatment facility)<br>ORIGINE (Installation de traitement médical)<br><b>C/504th SUP BN</b>   |  |   |                                     |                                  |
| NAME (Last—first—middle initial)<br>NOM (Nom de famille—premier prénom—initiale deuxième prénom)<br><b>DOE, JOHN J.</b>  |  |   |                                     |                                  |
| SERVICE NUMBER<br>NUMÉRO MATRICULE<br><b>080-80-0088</b>   | RANK/RATING/GRADE<br>GRADE<br><b>CPL</b>                                 | CATEGORY OF PERSONNEL<br>CATÉGORIE DE PERSONNEL<br><b>USA</b>   |                                     |                                  |
| BAGGAGE TAG NUMBER(S)<br>NUMÉROS ÉTIQUETTES BAGAGES<br><b>Q754698</b>  |  | DATE OF SHIPMENT<br>DATE DÉPART<br><b>19 DECEMBER 1989</b>  |                                     |                                  |
| DESTINATION<br>DESTINATION <b>138th CSH</b>  |  | ARRIVAL DATE<br>DATE ARRIVÉE  |                                     |                                  |
| EMBARKATION TAB — FICHE D'EMBARQUEMENT   |  |   |                                     |                                  |

Figure E-3. Sample DD Form 602 (front side).



## SAMPLE FORMAT

TREATMENT AND PROGRESS REPORT  
TRAITEMENT ET EVOLUTION DE LA CONDITION.

VITAL SIGNS:

T 96.2°F (A)

P 104

R 10

BP 88/60

|                                     |                   |
|-------------------------------------|-------------------|
| SIGNATURE                           | DATE              |
| SIGNATURE <i>D. Jones, SSG, 91B</i> | DATE<br>19 DEC 89 |

(DO NOT WRITE BELOW PERFORATION)  
(NE PAS ECRIRE AU-DESSOUS DE LA PERFORATION)

---

Figure E-4. Sample DD Form 602 (back side).