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

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