



Medical Plan (ICS-206-WF)

1A. INCIDENT NAME			1B. INCIDENT NUMBER					
2. OPERATIONAL PERIOD		Date From:		Date To:				
		Time From:		Time To:				
3. INCIDENT MEDICAL AID STATION								
Medical Aid Stations	Location	Contact (number or frequency)	Paramedics					
			Yes	No				
4. TRANSPORTATION (indicate air or ground)								
Medivac Services	Location	Contact (number or frequency)	Level of Service					
			ALS	BLS				
5. HOSPITALS								
Hospital Name	Address (Lat. And Long if Helipad)	Travel Time		Contact (number or frequency)	Helipad		Burn Ctr	
		Air	Grnd		Y	N	Y	N
6. MEDICAL EMERGENCY PROCEDURES								
7. PREPARED BY	Position:		Name:					
8. APPROVED BY	Position		Name:					