

HEADQUARTERS, UNITED STATES
MILITARY ASSISTANCE COMMAND,
VIETNAM, APO San Francisco 96222

UNITED STATES AGENCY FOR
INTERNATIONAL DEVELOPMENT
Saigon, Vietnam

JOINT MACV/USAID DIRECTIVE
NUMBER 5-67

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(MACMD)

UNITED STATES MILITARY AUGMENTATION OF
CIVILIAN WAR CASUALTIES TREATMENT PROGRAM

1. PURPOSE. To establish policies, procedures, and responsibilities for the Treatment of Civilian War Casualties in the Republic of Vietnam.

2. SCOPE.

a. This regulation is applicable to Headquarters, Military Assistance Command, Vietnam (MACV), the United States Agency for International Development, Vietnam (USAID), Headquarters, United States Army, Vietnam (USARV), Seventh Air Force, and United States Navy Forces, Vietnam (USNAVFORV), and to those elements of the Government of Vietnam, Ministry of Health (GVN/MOH) participating in the Civilian War Casualty Program.

b. Reference at paragraph 14a, below, contains phasing instructions, numbers of beds to be supported, unit and personnel augmentation and an estimate of civilian war casualty distribution.

3. POLICY.

a. COMUSMACV, acting upon direction of the US Department of Defense, initiates subject program without delay. The program will be implemented initially from existing resources. The system will operate as an integral element of the US Army Vietnam medical support organization and of the Air Force Aeromedical evacuation system.

b. Facilities in support of this program will be established in areas already rendered secure by US/FWMAF forces.

c. The military organization does not assume basic initial responsibility for treatment of war-injured civilians, or domiciliary care for escorts, but supplements the capabilities of the responsible agency, e.g., the GVN Ministry of Health.

d. The auxiliary system will be used to reinforce the US/Free World System when required.

e. Escorts will be kept to a minimum. Escorts will be authorized by the Province Medical Coordinator only when required to assure physical and/or emotional stability of the patient.

4. BACKGROUND.

a. Current civilian patient loads exceed the capabilities of most GVN Provincial Hospitals. Admission of civilian war casualties to these hospitals constitutes a significant part of the overload. Disruption of the traditional patterns of health services in areas of tactical operations has further complicated the problem.

b. The GVN Ministry of Health has no intrinsic capability to remedy immediately the deficiencies in its system. The USAID Provincial Health Assistance Program is approaching maximum effectiveness. The GVN has reached its maximum capability to provide for civilian war casualties, and provincial hospitals cannot cope with both naturally-occurring and war-induced patient workloads. The civilian war casualty program is established as an auxiliary system to the MOH/Provincial hospital system to handle these patients.

5. GENERAL.

a. The program will be conducted by the establishment of a treatment system, which will operate as an integral element of the US military medical system in Vietnam, and will comprise a number of hospitals supported by aeromedical evacuation, ground evacuation, medical supply, and command and control units.

b. The program provides evacuation and definitive hospital treatment of civilian war casualties referred to the system by the GVN Provincial Health Services. The patients, whose physiological stability has been restored through emergency/resuscitative treatment at the province hospital, will be treated through the acute phase at a US Army hospital. For most patients it is expected that this phase of treatment will encompass two weeks. At the direction of the attending physician, the patient will be returned to the referring province hospital for completion of the treatment. Air movement of patients between province airfields and the supporting US Army hospitals will be provided by the Air Force aeromedical evacuation system.

c. The military organization does not assume basic initial responsibility for treatment of war-injured civilians, but supplements the capabilities of the GVN Ministry of Health.

d. Field agencies will afford maximum assistance to insure effective operation of the program. Special attention will be devoted to required message traffic and to coordinating pick-up and return of patients at designated airfields.

6. DEFINITIONS. For the purpose of this regulation, the following definitions apply.

a. **Civilian War Casualty.** Any patient in a GVN/MOH hospital who has suffered a war-inflicted wound or injury and is referred to the Province Medical Coordinator for treatment in a participating US military hospital.

b. **Direct Admissions.** Direct admissions are those civilian war casualties who make their own way to a participating US military hospital for treatment, and are admitted by the US military hospital commander pending referral to the MOH.

c. **Escort.** The adult person selected by the Province Medicine Chief to accompany a referral case (under 14 years of age) from GVN/MOH hospital to the participating US military hospital, and return.

d. **GVN/MOH Hospital.** A hospital or medical treatment facility under control and supervision of the Government of Vietnam/Minister of Health.

e. **Chief of Province Health Service (Medicine Chief).** The representative of the GVN/MOH designated by this directive to refer civilian war casualties to the Province Medical Coordinator for treatment in a US military hospital (see Annex B).

f. **Provincial Health Assistance Program (PHAP).** The program which provides US/Free World Assistance to the GVN/MOH provincial health services. US Military PHAP teams are called MILPHAP. The US military effort is prescribed by USAID/MACV Joint Directive 2-67.

g. **Participating US Military Hospital.** A US military hospital designated to receive, treat and evacuate civilian war casualties on referral from a GVN/MOH hospital.

h. **Province Senior Advisor.** The senior designated US representative at province level.

i. **Referral Case.** A patient in a GVN/MOH hospital who has incurred a war connected injury and who has been nominated by a representative of the MOH (normally, the Province Medicine Chief) to the Province Medical Coordinator for treatment in a participating US military hospital.

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j. Province Medical Coordinator. The US/Free World Military/civilian medical official/doctor designated by this directive to coordinate the civilian war casualty program at province/autonomous city level. He will normally be the chief of the MILPHAP/PHAP Team operating in the province.

k. 903d Aeromedical Evacuation Squadron (AMES). The Squadron of the PACAF Aeromedical System assigned the mission of in-country aeromedical evacuation.

7. RESPONSIBILITIES.

a. Commander, United States Military Assistance Command, Vietnam (COMUSMACV).

(1) Administers the Civilian War Casualty Program.

(2) Recommends changes or modifications in the program to Commander-in-Chief, United States Pacific Command (CINCPAC).

(3) Provides Province Medical Coordinator from MILPHAP team.

b. Director, United States Agency for International Development, Vietnam (USAID).

(1) Coordinates USAID participation in Civilian War Casualty Program.

(2) Coordinates the participation of the GVN/MOH in this program.

(3) Recommends changes or modifications in procedures to United States Mission Council, Vietnam.

(4) Provides Province Medical Coordinator from PHAP team.

c. Chairman, Medical Coordinating Committee, US Mission Council. Supervises and coordinates the Civilian War Casualty Program.

d. Deputy Commanding General, USARV.

(1) Provides command and control of participating US hospitals from existing and augmented resources.

(2) Establishes procedures to provide hospitalization, medical regulating, patient evacuation (less fixed-wing aeromedical), facilities for patients escorts and medical supply support from existing and augmented resources.

(3) Establishes medical records and registrar procedures in support plan.

(4) Provides professional management of the patient in the system.

(5) Notifies the originating Province Medical Coordinator of patient movement or any major change in the patients condition.

(6) Notifies the Province Medical Coordinator of condition of patients who, upon completion of treatment in the auxiliary system, require further convalescence.

e. Commander, Naval Forces, Vietnam (COMNAVFORV). Supports DCG, USARV and Cmdr, 7th Air Force, as required.

f. Commanding General, III Marine Amphibious Force (III MAF). Provides Province Medical Coordinator for THUA THIEN Province.

g. Commanding General, I Field Force, Vietnam (CG, I FFORCEV). Provides Province Medical Coordinator for TUYEN DUC Province.

h. Commander, 7th Air Force. Provides Casualty Staging Facilities (CSF) support when required.

i. Commander, 903d Aeromedical Evacuation Squadron (AMES).

(1) Provides aeromedical evacuation in RVN from existing resources.

(2) Provides liaison teams at each Army medical group and medical brigade regulating office. These teams will be equipped with HF SSB radios operating on the existing aeromedical evacuation net to facilitate arrangements for aeromedical evacuation of all patients. They will assist the medical regulating offices by providing communication, where feasible.

j. Commanding General, 5th Special Forces Group.

(1) Supports DCG, USARV and Cmdr, 7th Air Force, within capabilities, as required.

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(2) Assists Province Medical Coordinator, when required.

k. Province Senior Advisor.

(1) Provides assistance to Province Medical Coordinator, when requested.

(2) Provides communications link to relay messages concerning patient movements between the Province Medical Coordinator and the USARV patient regulating system.

l. GVN/MOH Medicine Chief.

(1) Selects and prepares patients referred to the system.

(2) Delivers referred patients to the designated airfield for pick-up by US military evacuation aircraft.

(3) Receives patients and remains of patients returned from the US medical system at the designated airfield.

m. Province Medical Coordinator.

(1) Provides advice and assistance to GVN Provincial Health Services in selection and preparation of patients to be introduced into the US medical treatment system.

(2) Assists in movement of patients to and from airfields where contact with the US medical system is made.

(3) Maintains liaison with GVN/MOH and Province Senior Advisor at province levels. Coordinates with GVN/MOH and USARV for the disposition of patients upon completion of treatment in the US medical system.

8. PROCEDURES.

a. The Province Medicine Chief will:

(1) Designate and report referral cases to the Province Medical Coordinator.

(2) Prepare patient records as indicated in Annex D.

(3) Brief patients, escorts, and members of families on procedures; obtain clearances from claims against the US Government; obtain permission from patients or legal guardian for treatment at US hospitals; and prepare referral cases for evacuation.

(4) Provide transportation for referral cases and escorts (for patients under 14 years of age) to designated US Air Forces medical evacuation detachment.

(5) Provide for services to include billets, mess and transportation for escort upon arrival at US airfields serving the participating US military hospital.

(6) Receive records and remains for disposition.

b. Province Medical Coordinator will:

(1) Provide or arrange for communications support from supporting US military commanders and/or Province Senior Advisor.

(2) Establish liaison with USARV for medical regulating.

(3) Establish liaison with local Air Force medical evacuation detachment, where available.

c. Commander, 903d AMES will establish procedures for aeromedical evacuation and for retrograde evacuation of referral cases and certified escorts.

d. Deputy Commanding General, USARV will establish procedures for movement of patient and escort between airfield and US hospital, for hospitalization, and for treatment and disposition of referral cases.

e. Agencies listed in paragraph 7, above, will provide assistance to Province Medical Coordinators, as required to establish detailed procedures peculiar to each province.

9. MEDICAL REGULATING. Deputy Commanding General, USARV will prepare and forward detailed medical regulating procedures to COMUSMACV and Director, USAID.

10. RETURN OF REMAINS. Deputy Commanding General, USARV, will return remains by retrograde movement to MOH/Province Medical Chief for disposition. The same procedures will apply as for US personnel.

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11. RELEASE OF LIABILITY. Patients and escorts will be required to execute a release of liability prior to commencing travel in US Government vehicles or aircraft. The release form in Annex D will be utilized.

12. FUNDING. See reference at paragraph 14a and c.

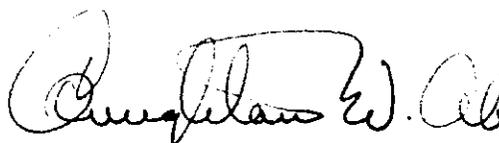
13. IMPLEMENTING PLANS. Deputy Commanding General, USARV and Commander, 903d Aeromedical Evacuation Squadron will prepare and submit implementing plans to MACV for approval.

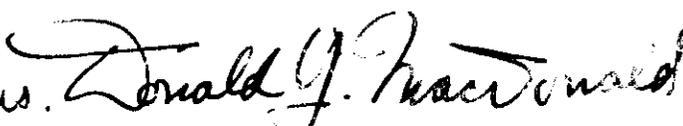
14. REFERENCES.

a. MACV msg 15911 DTG 150035Z May 1967 (C), subject: Augmented Hospital Facilities for Civilian War Casualties.

b. MACV/USAID Joint Directive 2-67.

c. JCSM - 423-67, 25 July 1967, subject: Augmented Hospital Facilities for Civilian War Casualties.


CREIGHTON W. ABRAMS
General, United States Army
Commanding


DONALD G. MacDONALD
Director, USAID

4 Annexes

- A. List of GVN/MOH Hospitals
- B. List of Medicine Chiefs (to be published)
- C. Province Medical Coordinators
- D. Records and Procedures Required for Patient Evacuation

DISTRIBUTION:

B
Plus 150 - MD
50 - AG-AOP
2 - AG-AO

GOVERNMENT OF VIETNAM MINISTRY OF HEALTH HOSPITAL FACILITIESREGIONAL HOSPITALS

<u>HOSPITAL</u>	<u>BEDS</u>	<u>PROVINCE</u>
Da Nang	600	Quang Nam
Binh Dinh	325	Binh Dinh
Nha Trang	244	Khanh Hoa
Pleiku	150	Pleiku
My Tho	419	Dinh Tuong
Binh Dan	350	Gia Dinh
Can Tho	456	Phong Dinh

PROVINCE HOSPITALS

Quang Tri	396	Quang Tri
Hue	1306	Thua Thien
Hoi An	270	Quang Nam
Tam Ky	60	Quang Tin
Quang Ngai	430	Quang Ngai
Kontum	205	Kontum
Hau Bon	15	Phu Bon
Tuy Hoa	125	Phu Yen
Ban Me Thout	189	Dar Lac
Gia Nghia	25	Quang Duc
Phuoc Binh	84	Phuoc Long
An Loc	62	Binh Long
Phu Khuong	70	Tay Ninh
Tay Ninh	270	Tay Ninh
Di Linh	52	Lam Dong
Bao Loc	60	Lam Dong
Phan Rang	196	Ninh Thuan
Phan Thiet	250	Binh Thuan
Xuan Loc	103	Long Khanh
Bien Hoa	332	Bien Hoa
Phu Cuong	301	Binh Duong
Khiem Cuong	10	Hau Nghia
Moc Hoa	94	Kien Tuong
Cho Ray	1085	Gia Dinh
Cho Quan	778	Gia Dinh
Hong Bang	459	Gia Dinh
Nhi Dong	243	Gia Dinh

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<u>HOSPITAL</u>	<u>BEDS</u>	<u>PROVINCE</u>
Dalat	362	Tuyen Duc
No Van Hoc	326	Gia Dinh
H. Vaong Maternity	244	Gia Dinh
Natl. V.D. Center	100	Gia Dinh
Phuoc Tuy	73	Phuoc Tuy
Vung Tau	85	Phuoc Tuy
Go Cong	143	Go Cong
Ben Tre	386	Kien Hoa
Vinh Long	256	Vinh Long
Sadec	149	Sadec
Cao Lanh	98	Kien Phong
Tan An	153	Kien Phong
Chau Doc	260	Chau Doc
Long Xuyen	369	An Giang
Cai San	70	An Giang
Hatien	52	Kien Giang
Rach Gia	532	Kien Giang
Vi Thanh	22	Chuong Thien
Tra Vinh	260	Vinh Binh
Soc Trang	402	Ba Xuyen
Bac Lieu	233	Bac Lieu
Ca Mau	89	An Zuyen
Con Son	20	Con Son (Island)

(TO BE PUBLISHED)

Annex B

PROVINCE MEDICAL COORDINATORSI Corps Tactical Zone

<u>Province - Hosp Location</u>	<u>MILPHAP/PHAP Tm</u>	<u>MACV Adv Tm</u>	<u>APO</u>
Quang Tri - Quang Tri	Navy Tm 1 (MILPHAP)	4	96269
*Thua Thien - Hue		3	96258
Quang Nam - Hoi An	Navy Tm 2 (MILPHAP)	1	96337
Quang Tin - Tam Ky	Navy Tm 3 (MILPHAP)	2	96337
Quang Ngai - Quang Ngai	450 Med Det (MILPHAP)	7	96260

II Corps Tactical Zone

Binh Dinh - Qui Nhon	New Zealand Med Tm (PHAP)	22	96238
Binh Dinh - Bong Son	New Zealand Med Tm (PHAP)	27	96238
Binh Thuan - Phan Thiet	Chinese Med Tm (PHAP)	37	96317
Darlac - Ban Me Thuot	734 Med Det (MILPHAP)	33	96297
Kontum - Kontum	Swiss Med Tm (PHAP)	24	96499
Khanh Hoa - Nha Trang	73 Med Det (MILPHAP)	35	96240
Ninh Thuan - Phan Rang	557 Med Svc Flt (MILPHAP)	39	96321
Phu Bon - Hau Bon	Korean Med Tm (KOPHAP)	31	96295
Phu Yen - Tuy Hoa	Korean Med Tm (KOPHAP)	28	96316
Pleiku - Pleiku	447 Med Det (MILPHAP)	21	96318
Quang Duc - Gia Nghia	Navy Tm 4 (MILPHAP)	32	96314
Lam Dong - Bao Loc	Navy Tm 4 (MILPHAP)	38	96314
*Tuyen Duc - Dalat		34	96204

*Province not covered by MILPHAP/PHAP

Annex C

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<u>Province - Hosp Location</u>	<u>MILPHAP/PHAP Tm</u>	<u>MACV Adv Tm</u>	<u>AFO</u>
<u>III Corps Tactical Zone</u>			
Bien Hoa - Bien Hoa	Australian Surgical Tm	95	96227
Binh Duong - Phu Cuong	Philippine Med Tm (PHILCAGV)	91	96314
Binh Long - Hon Quang	552 Med Svc Flt (MILPHAP)	81	96314
Binh Tuy - Ham Tan	Korean Med Tm (KOPHAP)	82	96314
Gia Dinh - Saigon	190 Med Det (MILPHAP)	100	96243
Hau Nghia - Bau Trai	Philippine Med Det (PHILCAGV)	43	96314
Long An - Tan An	555 Med Svc Flt (MILPHAP)	86	96314
Long Khanh - Xuan Loc	Philippine Med Tm (PHAP)	87	96376
Phuoc Long - Song Be	11 Med Det (MILPHAP)	94	96314
Phuoc Tuy - Vung Tau	Australian Surgical Tm	79	96291
Tay Ninh - Tay Ninh	Philippine Med Tm (PHAP)	90	96314
<u>IV Corps Tactical Zone</u>			
An Giang - Long Xuyen	556 Med Svc Flt (MILPHAP)	53	96215
An Xuyen - Ca Mau	559 Med Svc Flt (MILPHAP)	59	96363
Ba Xuyen - Soc Trang	Navy Tm 6 (MILPHAP)	63	96269
Bac Lieu - Bac Lieu	476 Med Det (MILPHAP)	51	96402
Chau Doc - Chau Phu	Navy Tm 5 (MILPHAP)	64	96215
Dinh Tuong - My Tho	Philippine Med Tm (PHILCAGV)	75	96359
Go Cong - Go Cong	Spanish Medical Mission (PHAP)	83	96359
Kien Giang - Rach Gia	Navy Tm 7 (MILPHAP)	54	96215
Kien Hoa - Ben Tre	Iranian Med Tm (PHAP)	93	96359

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<u>Province - Hosp Location</u>	<u>MILPHAP/PHAP Tm</u>	<u>MACV Adv Tm</u>	<u>APO</u>
Kien Phong - Cao Lanh	Navy Tm 5 (MILPHAP)	84	96357
Kien Tuong - Moc Hoa	736 Med Det (MILPHAP)	85	96359
Phong Dinh - Can Tho	554 Med Svc Flt (Surg)	96	96215
Sadec - Sadec	556 Med Svc Flt (MILPHAP)	65	96357
Vinh Binh - Tra Vinh	553 Med Svc Flt (MILPHAP)	57	96314
Vinh Long - Vinh Long	558 Med Svc Flt (MILPHAP)	52	96357

Written correspondence should be mailed to the Medical Officer in Charge, of the appropriate team. Do not use geographic locations with APO numbers.

RECORDS AND PROCEDURES REQUIRED
FOR PATIENT EVACUATION

1. Prior to selecting patients for aeromedical evacuation, the criteria as shown in Appendix I to this Annex will be reviewed.
2. The Province Medicine Chief will initiate the following records for each patient.
 - a. Clinical record - Narrative Summary. Appendix II
 - b. Authorization for Administration of anesthesia and for performance of operations and other procedures. This authorization to be signed by the patient or legal guardian. Appendix III.
 - c. Authorization for escort to accompany patient. Appendix IV.
 - d. Release of liability signed by patient and escort. Escort may sign if patient is unable. Appendix V.
 - e. Patients baggage tag. Appendix VI.
 - f. Patient evacuation tag. Appendix VII.
3. Sample formats for Air Evacuation Request and Patient Evacuation Manifest are attached as Appendixes VIII and IX. These documents will normally be prepared by the medical coordinator.

CRITERIA FOR SELECTING PATIENTS
FOR AEROMEDICAL EVACUATION

(Extract paragraph 4, AFR 164 - 1, Worldwide Aeromedical Evacuation)

4. Selections of Patients:

a. **Fitness for Air Travel.** Patients selected for transportation by air must be cleared for the proposed flight by the medical officer in charge of the originating medical or intransit aeromedical evacuation facility, or, in his absence, by other competent medical authority. The only exception to this requirement is in forward aeromedical evacuation. (See b below). The medical officer must balance fitness considerations with the availability of suitable in-flight medical attention, the urgency of treatment in a reception area, and the proposed altitude and flight time of the aircraft.

b. **Forward Aeromedical Evacuation.** The paramount need in this case is to transport the patient to the initial point of treatment as quickly as possible. Helicopters and short or vertical takeoff and landing (S/VTOL) aircraft will be used for the airlift, and under these circumstances, the only available medical personnel will often be medical service corpsmen or airmen. Since such flights will be at relatively low altitudes and of short duration, the conditions to be encountered in the air assume less importance than in tactical and strategic aeromedical evacuation.

c. **Tactical and Strategic Aeromedical Evacuation.** In these types of evacuation, the benefit to the patient of transfer to an area where full medical facilities are available must be balanced against the ability of the patient to withstand the anticipated environmental conditions of the flight. When aeromedical evacuation is carried out with pressurized aircraft, appropriately fitted and carrying a trained in-flight medical team, the patient is subjected only to minor mechanical disturbance and a slight degree of oxygen lack which can be countered with oxygen therapy. In tactical aeromedical evacuation in war, however, conditions may often be much less favorable. The effects on the prospective patient of significant changes in atmospheric pressure and cabin temperature, the turbulent movement, and the load on a hard-pressed, in-flight medical team with restricted facilities, must then be taken into account, with due regard to the aircraft type and flight plan.

d. **Clinical Selection Criteria.** There are no absolute contraindications to aeromedical evacuation. However, the following types of patient should be accepted only if there is no possible alternative:

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(1) Patients in the infectious stage of serious communicable diseases. If any are carried, special precautions must be taken for the protection of other occupants.

(2) Patients whose general condition is so poor that they are unlikely to survive the flight.

(3) Patients whose upper and lower jaws are wired together. They need constant trained supervision during flight with the necessary equipment available, as tie-wires must be immediately cut if patients become airsick.

(4) Pregnant patients who are beyond the 240th day of pregnancy are not routinely acceptable for aeromedical evacuation, but will be moved if determined necessary.

e. Patients Requiring Special Consideration. Patients with any of the following conditions require special consideration in selection for aeromedical evacuation, particularly in unpressurized aircraft:

(1) Respiratory embarrassment;

(2) Cardiac failure;

(3) Severe anemia; i. e., less than 2.5 million RBC per cmm, or less than 7gms hemoglobin per 100 ml, estimated as near as possible to the proposed time of flight and not more than 72 hours before.

(4) Trapped gas within any of the body cavities; e. g., pneumothorax.

CLINICAL RECORD		NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED	

(Sign and date at end of narrative)

1. Chief Complaint:
Bệnh Chính
2. History of present illness:
Hiện tình bệnh trạng
3. Past medical history:
Bệnh lý trong quá khứ
4. Physical examination (on admission):
Kham bệnh (thầu nhận)
5. Laboratory data:
Đồ kiện phòng thí nghiệm
6. Radiology data:
Đồ kiện chiếu quang tuyến X
7. Electrocardiography data (if applicable):
Đồ kiện chụp hình tim (nếu có)
8. Course of hospital treatment:
Trị bệnh tại bệnh viện
9. Disposition diagnosis:
Chẩn đoán
10. Disposition:
Đồ phòng

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.

NARRATIVE SUMMARY

Standard Form 502
 502-107-02

HỒ SƠ BỆNH VIỆN	GIẤY PHÉP CHO ĐÁNH THUỐC MÊ VÀ THỰC HIỆN SỰ GIẢI-PHẪU VÀ CÁC CÔNG-TÁC KHÁC
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TÊN CƠ-QUAN Y-KHOA

NGÀY THÁNG

1. Tôi ký tên dưới đây đồng ý về sự thực-hiện đối với cá nhân tôi hay (tên bệnh nhân) _____

công tác _____

(Nói rõ tính-chất sự giải-phẫu hay công-tác như: "giải phẫu để cắt ruột dư")

và những sự giải-phẫu phụ và những công-tác được coi như là cần-thiết hay thích ứng theo sự xét đoán của ban giám-đốc cơ-quan y-khoa kể trên.

2. Tính-chất và mục đích của sự giải-phẫu, những sự rủi-ro liên-hệ, và những biến chứng, có thể xảy ra đã được giải thích cho tôi rõ. Tôi nhìn nhận rằng không có sự bảo đảm hay cam kết về kết-quả có thể thu-hoạch được.

3. Tôi cũng đồng ý về sự đánh thuốc mê nếu xét ra cần-thiết và thích ứng theo sự xét đoán của ban giám-đốc cơ-quan y-khoa kể trên, ngoại trừ

(nói "không", hay kê tên thuốc mê)

4. Tôi cũng đồng ý về sự xử-định của các giới-chức thuộc cơ-quan y-khoa kể trên về sự cắt bỏ những tế-bào và những phần trong cơ thể nếu xét ra cần thiết.

5. Nhằm mục đích phát triển kiến thức về y học, tôi đồng ý cho các sinh-viên y-khoa và các quan-sát-viên khác vào chiếu theo những thể-thức thông thường của cơ-quan y-khoa kể trên; cho sử dụng vô-tuyến-truyền hình có dòng điện kín; cho chụp hình (kể cả quay phim); và cho thực-hiện những họa-đồ và những tài-liệu về họa-đồ kiểu-mẫu tương tự; và tôi cũng đồng-ý cho sử-dụng những hình ảnh và những tài-liệu kể trên cho mục-đích khoa-học.

(Xóa bỏ những đoạn không thích-ứng kể trên)

Chữ ký của bệnh-nhân _____

Khi bệnh-nhân không đủ sức ký tên:

Chữ ký của người có thẩm quyền
tuyên bố sự chấp-thuận của bệnh-nhân _____

Địa chỉ _____

Thẩm quyền chấp thuận _____

NGƯỜI CHỨNG: Chữ ký _____

Địa-chỉ _____

Tỉnh và Tiểu-bang _____

CĂN CƯỚC CỦA BỆNH-NHÂN (Để đánh máy hay viết tay:
Cho biết tên họ, cấp bậc, ngày tháng, bệnh viện,
hay cơ-quan y-khoa).

Số đăng ký

Trại Số

CLINICAL RECORD	AUTHORIZATION FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES
------------------------	--

NAME OF MEDICAL FACILITY	DATE
---------------------------------	-------------

1. I hereby consent to the performance upon myself or
(name of patient) _____

of _____
(State nature of operation or procedure as: "an operation to remove appendix")

and of such additional operations or procedures as are considered necessary or desirable in the judgment of the medical staff of the above-named medical facility.

2. The nature and purpose of the operation, the risks involved, and the possibility of complications have been explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

3. I further consent to the administration of such anesthesia as may be considered necessary or desirable in the judgment of the medical staff of the above-named medical facility, with the exception of _____
(State "None," or name anesthetic)

4. I also consent to the disposal by authorities of the above-named medical facility of any tissues or parts which it may be necessary to remove.

5. For the purpose of advancing medical knowledge, I consent to the admittance of medical students and other observers, in accordance with ordinary practice of this medical facility, to the use of closed-circuit television, the taking of photographs (including motion pictures), and the preparation of drawings and similar illustrative graphic material, and I also consent to the use of such photographs and other materials for scientific purposes.

(Cross out paragraphs above which are not appropriate.)

Signature of patient _____

When patient is incompetent to affix signature:

Signature of person
authorized to consent for patient _____

Address _____

Authority to consent _____

WITNESS: Signature _____
Address _____
City and State _____

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; date; hospital or medical facility)	REGISTER No.	WARD No.
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Office of the Chief of Health Services
Ty Y Tế'

_____ Province/Prefecture
Văn Phòng Tỉnh

I hereby authorize _____
Tôi ký tên dưới đây cho phép tên: _____ (NAME)

_____ to accompany patient _____
(ID NUMBER) (Số' Căn Cứóc) đi cùng với bệnh nhân _____ (NAME) (Tên)

on a U. S. military aeromedical evacuation flight in connection with the
trên một chuyến bay tản thương quân sự Hoa-Kỳ trong Chương trình

Civilian War Casualty Treatment Program
Điều Trị nạn nhân Chiến Tranh Dân Sự.

(FOR THE) PROVINCE/PREFECTURE MEDICINE CHIEF
Thư Lệnh Trưởng Ty Y Tế'/Quân

(DATE) Ngày

RELEASE
GIẤY CAM KẾT

(Place)
(Địa Điểm)

(Date)
(Ngày Tháng)

KNOW ALL MEN BY THESE PRESENTS: WHEREBY, I _____
GIẤY NÀY LÀM ĐỂ CAM KẾT RẰNG : Tôi tên dưới đây là

am about to take a flight as a passenger in certain Army, Navy, and/
sẽ đáp chuyến phi cơ của Lục Quân, Hải Quân hay Không Quân vào

or Air Force Aircraft on _____
ngày

and whereas I am doing so entirely upon my own initiative, risk and
và việc này hoàn toàn do ý muốn của tôi và tôi tự chịu mọi rủi ro và

responsibility; now, therefore, in consideration of the permission
trách nhiệm; bởi lẽ đó và xét vì Chính Phủ Hoa Kỳ, qua trung gian

extended to me by the United States, through its officers and agents
của các sĩ quan hay đại diện Hoa Kỳ, đã cho phép tôi đáp chuyến phi

to take said flight or flights; I do hereby, for myself, my heirs,
cơ nói trên; nhân danh bản thân tôi, các người thừa kế, người thi

executors, and administrators, remiss, release, and forever discharge
hành chức thư và viên chức hành chánh sẽ không đòi hỏi hay thừa kiện

the Government of the United States and all its officers, agents, and
Chính Phủ Hoa Kỳ và tất cả các sĩ quan, đại diện và nhân viên của

employees, acting officially or otherwise, from any and all claims,
Chánh Phủ Hoa Kỳ, với tư cách chánh thức hay không chánh thức, nếu

demands, actions or causes of action, on account of my death or on
tôi bị tử nạn thương tích hay tổn hại tài sản do mọi lý do trong

account of any injury to me or my property which may occur from any
khi đang bay hoặc bất cứ tai nạn gì xảy ra khi đang đậu hay cất cánh.

JOINT DIRECTIVE 5-67

cause during said flights or continuances thereof, as well as all ground and flight operations incident thereto.

(Signature)
(Ký tên)

(Witness)
(Nhân chứng)

(Name of person to be notified in emergency)
(Tên người được thông báo trong trường hợp xảy ra tai nạn)

(Witness)
(Nhân chứng)

(Address of person to be notified in emergency)
(Địa chỉ người được thông báo trong trường hợp xảy ra tai nạn)



DD FORM 600
1 OCT 51

REPLACES WD AAF FORM
94D WHICH MAY BE USED.

PATIENT'S BAGGAGE TAG (DO NOT DETACH)		NO. 193455
ORIGINATING CARRIER		
PATIENT (Last name - First name - Middle initial)		
GRADE	SERVICE NUMBER	
FROM		
ORIGINATING MEDICAL FACILITY	ORIGINATING TERMINAL	
TO		
HOSPITAL	TERMINAL	
DESTINATION HOSPITAL	TERMINAL	

PATIENT'S STUB	NO. 193455
ORIGINATING CARRIER	
PATIENT (Last name - First name - Middle initial)	
GRADE	SERVICE NUMBER

DD FORM 602
1 FEB 63



REPLACES DD FORM 602, 1 OCT 51
PREVIOUS EDITIONS ARE OBSOLETE
REPLACE DD FORM 602, 1er OCTOBRE 1951
LES ÉDITIONS PRÉCÉDENTES SONT CASSÉES

PATIENT EVACUATION TAG—FICHE D'ÉVACUATION DE PATIENT (Tie this tag to patient—Attacher cette fiche au patient)			
FROM (Medical treatment facility) ORIGINE (Installation de traitement médical)			
NAME (Last—first—middle initial) NOM (Nom de famille—premier prénom—initiale deuxième prénom)			
SERVICE NUMBER NUMÉRO MATRICULE	RANK/RATING/GRADE GRADE	CATEGORY OF PERSONNEL (Service or employer and nationality) CATÉGORIE DE PERSONNEL (Service ou employeur et nationalité)	
DIAGNOSIS DIAGNOSTIC			
CLASS—CLASSE		DISEASE MALADIE	BATTLE CASUALTY BLESSÉ AU COMBAT
1A	2A		INJURY BLESSURE
1B	2B		
1C		CABIN OR COMPARTMENT NO. NO. CABINE OU COMPARTIMENT	
3	4	BUNK NUMBER NUMÉRO COUCHE	
VSI TRÈS GRAV. MAL. <input type="checkbox"/> Yes <input type="checkbox"/> No		BAGGAGE TAG NUMBER(S) NUMÉROS ÉTIQUETTES BAGAGE	
DESTINATION DESTINATION		SHIP/AC (Number/type) NAVIRE/AVION (Matricule/type)	
TREATMENT RECOMMENDED ENROUTE (If no treatment is required a notation to this effect is made.) TRAITEMENT RECOMMANDÉ ENROUTE (Indiquer si aucun traitement n'est nécessaire)			
SIGNATURE OF MEDICAL OFFICER SIGNATURE DU MÉDECIN			DATE DATE
REGULAR DIET RÉGIME NORMAL	SPECIAL DIET (Describe) RÉGIME SPÉCIAL (Description)		
SHIP'S RECORD OFFICE TAB—FICHE POUR ARCHIVES TRANSPORTS			
FROM (Medical treatment facility) ORIGINE (Installation de traitement médical)			
NAME (Last—first—middle initial) NOM (Nom de famille—premier prénom—initiale deuxième prénom)			
SERVICE NUMBER NUMÉRO MATRICULE	RANK/RATING/GRADE GRADE	CATEGORY OF PERSONNEL CATÉGORIE DE PERSONNEL	
BAGGAGE TAG NUMBER(S) NUMÉROS ÉTIQUETTES BAGAGES		DATE OF SHIPMENT DATE DÉPART	
DESTINATION DESTINATION		ARRIVAL DATE DATE ARRIVÉE	
EMBARcation TAB—FICHE D'EMBARQUEMENT			

FORMAT FOR AIR EVACUATION REQUEST

DESIGNATION OF REQUESTING AGENCY _____

A. Litter Patients

<u>Name</u>	<u>ID Number</u>	<u>Diagnosis</u>
(1)		
(2)		
(3)		

B. Ambulatory Patients

<u>Name</u>	<u>ID Number</u>	<u>Diagnosis</u>
(1)		
(2)		
(3)		

C. Medical Attendants:

<u>Name</u>	<u>ID Number</u>
(1)	
(2)	

D. Non-Medical Attendants

<u>Name</u>	<u>ID Number</u>
(1)	
(2)	

E. Special Equipment

 PROVINCE/PREFECTURE HOSPITAL

PATIENT EVACUATION MANIFEST _____
 (DATE)

<u>NAME</u>	<u>ID NUMBER</u>	<u>NEXT-OF-KIN/ADDRESS</u>	<u>PATIENT CLASS *</u>	<u>DIAGNOSIS</u>
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* USE FOLLOWING ABBREVIATIONS FOR PATIENT CLASS:

IL - Immobile Litter Patient: Patient unable to move about of his own volition under any circumstances.

ML - Mobile Litter Patient: Patient able to move of his own volition in an emergency.

W - Walking Patient:

A - Attendant: Medical or non-medical who accompanies a patient.