

Insert MOH Logo



Insert EMT Logo

Country, Event, Year

## Emergency Medical Team Exit Report

Insert Team/Organisation Name

### A. Team Details

Name of Team Leader: \_\_\_\_\_

*Current or Most Recent*

Original Registration:  WHO  Ministry of Health  Other: \_\_\_\_\_

*Select all that apply*

Team Classification:  Type 1 Fixed  Type 1 Mobile  
 Type 2 with Facility  Type 2 without own Facility  
 Type 3  
 Special Cell(s): *(Please specify)* \_\_\_\_\_

Date of Arrival (in-country): dd/mm/20yy

Operational Duration: ### Days

Date (or intended date) of Departure: dd/mm/20yy

**Total Duration of Mission: ### Days**

**Contact Person post-deployment:** *(For follow-up after return home)*

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: + ### - ## - ### - ####

### B. Activities and Services Provided

Deployment(s):

*If the team provided services at a fixed facility, but simultaneously provided mobile or outreach services to another site, please document as separate entries*

Dates	Location	Fixed or Mobile	On-site Partner(s) <i>I.e. with existing agreements</i>
Start: <u>dd/mm/20yy</u> End: <u>dd/mm/20yy</u>	District: Site: e.g. Name of Facility or Village	<input type="checkbox"/> Fixed Facility <input type="checkbox"/> Outreach/Mobile	<input type="checkbox"/> MOH/District Health <input type="checkbox"/> National EMT <input type="checkbox"/> International EMT
Start: <u>dd/mm/20yy</u> End: <u>dd/mm/20yy</u>	District: Site: e.g. Name of Facility or Village	<input type="checkbox"/> Fixed Facility <input type="checkbox"/> Outreach/Mobile	<input type="checkbox"/> MOH/District Health <input type="checkbox"/> National EMT <input type="checkbox"/> International EMT
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Please return to **EMT Coordination Cell** ([example@who.int](mailto:example@who.int)). If you have any questions, please contact Name at [example@who.int](mailto:example@who.int) or ##-###-####

Start: <u>dd/mm/20yy</u> End: <u>dd/mm/20yy</u>	District: Site: e.g. Name of Facility or Village	<input type="checkbox"/> Fixed Facility <input type="checkbox"/> Outreach/Mobile	<input type="checkbox"/> MOH/District Health <input type="checkbox"/> National EMT <input type="checkbox"/> International EMT
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## Services and Outcomes:

Services	Total	Outcomes	Total
Outpatient Consultations		Facility Deaths	
Inpatient Admissions		Patients with ongoing Rehabilitation Needs	
Major Surgical Procedures		Referrals/Transfers	
Minor Surgical Procedures		<i>Specify Referral/Transfer Destination(s):</i>	

Other Services:       WASH                                       Nutrition  
                                   Health Education                                       Psychosocial Support  
 Other: \_\_\_\_\_

### C. Experience and Feedback

#### 1. Needs Identified and Addressed

#### 2. Challenges and Issues Encountered

#### 3. Remaining or Ongoing Needs

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**4. Recommendations and Remarks****D. Transition and Exit**

## 1. Services and Facilities of EMT have been:

- Closed
- Handed over to National MOH
- Handed over to a national EMT: \_\_\_\_\_
- Handed over to an international EMT: \_\_\_\_\_
- Other: *(Please specify)* \_\_\_\_\_

## 2. Post-operative Surgical Follow-up Arrangements:

- Yes, specify: \_\_\_\_\_
- No, reason: \_\_\_\_\_
- Not Applicable

## 3. Number of Remaining Inpatients at Departure: ###

Transfer Destination, if applicable: \_\_\_\_\_

*Please complete and attach Transferred Patient List*

4. Have all relevant medical files and notes been handed over? *(Includes medical files of transferred patients, patients requiring follow-up, and patients with ongoing rehabilitation needs)*

- Yes, specify: \_\_\_\_\_
- No, reason: \_\_\_\_\_
- Not Applicable

## 4. Equipment and Supplies Donated at Departure?

- Yes, specify recipient(s): \_\_\_\_\_
- Please complete and attach Donated Items Form*
- No

Report by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: dd/mm/20yy

END OF EXIT REPORT

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