

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
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

Please return to **EMT Coordination Cell** (example@who.int). If you have any questions, please contact Name at 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
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

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

Please return to **EMT Coordination Cell** (example@who.int). If you have any questions, please contact *Name* at example@who.int or ##-###-####

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

Please return to **EMT Coordination Cell** (example@who.int). If you have any questions, please contact Name at example@who.int or ##-###-####