



EMERGENCY MEDICAL TEAM EXIT REPORT

Insert Team/Organization Name

A. Team Details

Name of Team Leader: _____

Names of other members and their specialities:

<i>Name</i>	<i>Speciality</i>

Original Registration: WHO Ministry of Health Other: _____

Select all that apply

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

Date Service Provision started: dd/mm/20yy

Operational Duration:

Days

Date (or intended date) of Departure: dd/mm/20yy **Total Duration of Mission:**

Days

Place of service :-----

Contact Person post-deployment: *(For follow-up after return home)* for MOH & organization

Name: _____

Position: _____

Email: _____

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

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:

C. Experience and Feedback

1. Needs Identified and Addressed

2. Challenges and Issues Encountered

Operational Constrains:

- Logistics
- Supply
- Human resources
- Finance
- others

3. Recommendations and Remarks

Only for local staff use:

Names of MOH Local focal staff to participate and assist the mission:

Names	Speciality

• **Assessing the mission level :**

- Basic**
- Moderate**
- Advance**

• **Training ,lectures and other activities :**

- | <input type="checkbox"/> Lectures | Number of attendants | Topics |
|---|-----------------------------|---------------|
| <input type="checkbox"/> Symposium | | |
| <input type="checkbox"/> On job training | | |