AEROMEDICAL EVACUATION MISSION OFFLOAD MESSAGE				
Please Transmit the following information:	TO		NOT LATER THAN	
LOAD	**ONBOARD**	**ON LOAD**	**OFF LOAD**	**DEPARTURE LOAD**
LITTERS				
AMBULATORY				
Med/Non-Med ATTENDANTS				
PASSENGERS				
MEDICAL CREW				
TOTALS				
NUMBER OF SEATS RELEASED		SEATS RELEASED TO		

SPECIAL REQUIREMENTS (Check appropriate box)

☐	**AMBULANCE: (ACLS Equipment, Oxygen/Suction, Etc…)** **PATIENT CITE NUMBERS**	☐	**FLIGHT SURGEON/PHYSICIAN REQUIRED: (Check applicable box)** ☐ **IMMEDIATELY AFTER LANDING** ☐ **AS SOON AS POSSIBLE AFTER LANDING** **PATIENT CITE NUMBERS**
☐	**OTHER:**		

AF Form 3858, 20150410