

Army Regulation 40-40
AFR 164-3
AR 40-40
BUMEDINST 4650.2A

DOCUMENT ACCOMPANYING PATIENTS ABOARD MILITARY COMMON CARRIERS.

Headquarters
Departments of the Army, Department of
the Air ForceDepartment of the
ArmyDepartment of the Navy
Washington, DC
15 May 1972

Unclassified

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SUMMARY of CHANGE

AR 40-40/AFR 164-3/AR 40-40/BUMEDINST 4650.2A

DOCUMENT ACCOMPANYING PATIENTS ABOARD MILITARY COMMON CARRIERS.

This revision generally updates the entire text. The title has been changed to better described the subject matter. Instructions for completing forms have been deleted throughout, wherever entries are self-explanatory. Terminology, references and titles of forms have been updated. The most significant changes are: establishes the requirement to retain DD Form 600 until local baggage control procedures are implemented (para 7); deletes instructions for processing unaccompanied baggage (para 8); authorizes carriers to use their own manifests in place of DD Form 601 (para 9); restricts an attendant from being listed as the patient's emergency addressee (para 10a); establishes the requirement to identify prisoners, patients under investigations and patients with a history of drug abuse (para 10b and 13b); eliminates the requirement to attach DD Form 602 to patient's clothing (para 12); adds the requirement for patients to wear identification bands while in the Aeromedical evacuation system (para 12b); provides instructions for indicating special diet requirements on DD Form 602 (para 13e); prescribes that entries on DD Form 602 will be made in Greenwich mean time (para 13f).

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AFR 164-3
AR 40-40
BUMEDINST 4650.2A
Effective 15 May 1972

DOCUMENT ACCOMPANYING PATIENTS ABOARD MILITARY COMMON CARRIERS.

BY ORDER OF THE SECRETARIES OF THE AIR FORCE, THE ARMY, AND THE NAVY

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History.

Summary. This regulation prescribes and tell how to use Department of Defense forms in the movement of patients by military common carriers such as the Military Airlift Command and the Military Airlift Command the Military Sealift Command. It applies to all medical treatment facilities preparing patients for travel by military common carrier, and to those agencies engaged in patient transportation. The forms and procedures prescribed herein are required for all personnel, military and civilian, who are moved as patients by military common carrier. Nothing in this regulation should be constructed as changing existing directives dealing with field Army evacuation systems,

shore-to-ship movement of patients in amphibious operations, or ship-to-ship patient transfers.

Applicability. Not applicable.

Proponent and exception authority. Not applicable.

Army management control process. Not applicable.

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*This regulation supersedes AFR 160-113/SR 40-530-7/BUMEDINST 4650.2 (originally 4600.2), 30 April 1953.

RESERVED

Section A Introduction

1. General Information.

Since a patient cannot perform many of the functions normally expected of an ordinary passenger, specified military units must assume these responsibilities for him. Medical facilities and transportation agencies must assure that patients are properly identified, their medical requirements adequately recorded, and that accompanying personal property is tagged and safeguard until delivered to the destination medical facility. The forms prescribed by this regulation were designed to meet the requirements of the three services for intransit identification of patients and their baggage, for recording enroute medical care, and to provide a method of continuous accounting for each patient throughout his journey. A DD Form 602, Patient's Evacuation Tag, will accompany each patient moved by Department of Defense Common Carrier, all patient baggage will be identified by DD Form 600, Patient's Baggage tag, and each patient will be listed on a DD Form 601, Patient Evacuation manifest, for every stage of his journey.

2. Responsibilities for Preparation of Forms.

U S military medical treatment facilities preparing patients for transportation by military common carrier will prepare DD Forms 600, 601 and 602. If travel is delayed past the expected date of travel dates and other affected entries must be corrected prior to the patient's departure. If patients originate from medical treatment facilities other than those of the U. S. military services, the carrier will prepare these forms.

3. Supply of Forms.

Forms prescribed in this regulation will be requisitioned through normal forms supply channels.

Section B Patient's Baggage Tag (DD Form 600)

4. General Information.

A DD Form 600 will be prepared for and firmly affixed to each piece of baggage accompanying patients traveling by military common carrier. When a patient's journey is to be made in several stages, one tag will serve throughout the entire trip, even though the patient may be moved by more than one common carrier. A copy of the patient's travel orders should also be placed inside each piece of baggage to insure the prompt return of misdirected items. DO not use DD Form 600 for baggage not moving aboard the train, aircraft or vessel with the patient. Such items will be moved as ordinary unaccompanied traveler's baggage. In accordance with applicable service directives.

5. Preparation of DD Form 600

Entries required on DD Form 600 are self-explanatory. Do not enter enroute staging facilities, since the planned itinerary is subject to change. Complete all other applicable entries and firmly attach DD Form 600 to the patient's baggage prior to departure from the originating medical facility.

6. Receipt for Checked Baggage.

Detach the Patient's Stub from the DD Form 600 and give it to the patient as his receipt for checked baggage. If the patient is unable to safeguard to stub, give it to the senior medical attendant accompanying the patient. As accompanying medical personnel are relieved, the Patient's Stub will be turned over to the succeeding senior medical attendant. At the destination terminal, the accompanying medical attendant will deliver the stub to the representative of the destination hospital accepting delivery of the patient.

7. Disposition of DD Form 600.

The patient's Baggage Tag and accompanying stub may be destroyed when baggage is returned to the patient of the DD Form

600 is replaced by a local baggage tag and stub at the destination hospital.

8. Unaccompanied Baggage.

Shipment of unaccompanied baggage is governed by the following regulations of the individual services:

Army—AR 55-71

Navy—BUPERSMAN 1830220

Air Force—AFM 75-4 and

AFM 67-1, Vol I, part 3

Section C Patient Evacuation Manifest (DD Form 601)

9. General Information

Originating medical facilities will manifest all patients to be transferred on DD Form 601. All patients destined for the same off-load terminal may be listed on the same manifest form. The off-load terminal will not necessarily be the point of final patient destination. Medical treatment facilities must maintain close liaison with local representatives of military common carriers to insure that manifest are properly prepared. Carriers may waive the requirement for DD Form 601, providing the carrier prepares an adequate patient manifest and furnishes copies to the originating and destination medical facilities.

10. Preparation of DD Form 601.

Prepare patient manifests in the number of copies required by the carrier. If patients are to be transferred by sea, two copies of DD Form 601 will be furnished to the carrier. Number manifests by calendar year, with a number consisting of the last two digits of the calendar year and the serial number of the manifest in that year, separated by a hyphen. For example, the tenth manifest issued in calendar year 1972 would be numbered "72-10". Complete DD Form 601 in accordance with directions contained on the form and the following instructions:

a. list attendants (both medical and non-medical) immediately following the information pertaining to the patient whom they are attending. Do not list a patient's attendant as an emergency addressee.

b. Enter the term "prisoner" below the name of the originating medical facility for patients in a prisoner status. Enter the words "under investigation" to identify patients who are under investigation (but not formally charged) for a serious crime. Enter "DA" to identify patients with a history of drug abuse.

c. deletions and changes, when necessary, should be initialed by the individual who signed the manifest. If a patient listed on the manifest cannot be moved, line out all entries pertaining to the patient.

11. Use and Disposition of DD Form 601:

a. Deliver all copies of DD Form 601 to the carrier's representative, who will check aboard all patients and baggage listed on the manifest. He will not make any changes, and return a signed copy, acknowledging receipt for all manifested patients and baggage. Retain signed copies of DD Form 601 for 12 months, after which they may be destroyed.

b. Use DD Form 601 to check the off-loading of patients and their baggage at the destination terminal. The carrier's unloading supervisor notes any discrepancies on the patient's name, number of pieces of missing baggage, the baggage tag numbers for each, and the name of the person who discovered the shortage. Separate directives of the military common carriers provide instructions for continuing search for missing baggage.

c. Deliver the original copy of DD Form 601 to the destination medical facility. Information from this manifest, particularly that dealing with baggage, will be the basis for preparing subsequent manifests for the same patients, if required. File manifests by agency preparing manifest, by manifest number. Retain copies for 12 months, after which they may be destroyed.

Section D
Patient's Evacuation Tag (DD Form 602)

12. General Information.

This section implements NATO STANAG 2132, CENTOSTANAG 2051, and SEATAG 2051.

a. DD Form 602 is the patient's intransit medical record. The attending physician prescribes enroute medical requirements on this form before the patient departs the originating facility, and all enroute treatments are noted on the form during the patient's journey. The tag consists of the "Ship's Record Office Tab," the "Embarkation Tab," and the "Debarkation Tab." Only the basic tag is normally required. The "Embarkation Tab" and "Debarkation Tab" may be completed and used locally.

b. All participants, regardless of age, and attendants under 10 years of age must wear a "Band, Patient Identification," while in the Aeromedical evacuation system.

13. Preparation of DD Form 602.

The originating medical facility prepares DD Form 602, entering all pertinent information except "Cabin or Compartment No." and "Bunk No." This information, when required, is entered by the carrier representative. If a patient's journey is in several stages, enroute staging facilities will use the original tag for recording pertinent medical data forward it with the patient when he departs for the next leg of his journey.

a. Enter all diagnoses, including only such detail as will be useful in caring for the patient during his journey.

b. In the "Diagnosis" section, enter in red pencil the terms:

(1) "Prisoner" for patients in a prisoner status.

(2) "Under Investigation" for patients who are under investigation (but not formally charged) for a serious crime.

(3) "DA" for patients with a history of drug abuse.

c. Check the space "Battle Casualty" only if the patient actually falls into this category as defined in governing regulations of his service. Patients who are not battle casualties, but under treatment primarily for non-battle wounds or other injuries will be classed as "Injury."

d. Enter the same baggage tag numbers as shown on DD Form 600.

e. Enter treatment recommended enroute in the space provided. Enroute medication, with dosage as prescribed by the attending physician, must be recorded in this section. If a patient requires tube feeding, a copy of the tube feeding formula must be attached to DD Form 602 to assure that he receives the same tube feeding throughout his journey.

f. use the reverse side to note enroute examinations and treatment, where such information is not of sufficient importance to justify opening the patient's clinical records. Enter treatment administered at enroute medical facilities or Aeromedical staging facilities, as well as that treatment provided by the carrier. In addition, enter in this section, preferably by means of rubber stamps, the name of the facility, and the dates of the patient's arrival and departure. These dates, in prescribed sequence, need not be identified. For example: "USAF regional Hospital Westover, 2 Jun 71-3 Jun 71" or "Letterman General Hospital, 6 Oct 71-9 Oct 71." All treatment entries will be accompanied by the time that such treatment was actually administered. Times must be recorded in Greenwich mean time, indicated by use of the suffix "Z."

14. Disposition of DD Form 602.

The final destination hospital will staple the basic tag of DD Form 602 to the SF 502, Narrative Summary, in the patient's clinical records. For outpatients, insert DD Form 602 in the Health Record or outpatient record, as appropriate. The "Embarkation Tab" and "Debarkation Tab" may be disposed of locally.

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