





Washington
Hospital Center

MedSTAR Transport 
MedStar Health

MedSTAR MedEvac Observer Program Participant Application

MedSTAR's Observer Program is open to hospital personnel, EMS providers and physicians interested in learning more about air medicine and rapid transportation of critically ill or injured persons. Observation rotations are also available in the MedSTAR trauma admissions unit at Washington Hospital Center, a busy inner-city Level I trauma center.

Helicopter observers must be at least 18 years old, weigh 200 pounds or less, and be in good physical health. Observers are scheduled as space and program requirements allow.

Please complete and return this application. A member of our staff will contact you within two weeks to schedule your ride-along.

Name _____ Weight: _____ lbs
 Address _____ Height: _____
 _____ DOB: _____
 Phone _____ E-mail _____
 Hospital/EMS Agency Affiliation _____
 Supervisor _____ Phone _____

Choose a base and specify three dates and times you are available to observe. Flight shifts are 10am-10pm and 10pm-10am.

Dates: _____
 Base: Frederick Charles County Easton

When completed, please fax to 202-877-7514, or return to:

MedSTAR Observer Program
 Washington Hospital Center, 1-G
 110 Irving St NW
 Washington, DC 20010-2975

For MedSTAR Use	Date Rec'd _____
CJ Approval: TSA <input type="checkbox"/>	Weight <input type="checkbox"/> Pilot _____
Scheduled _____ for _____	A P FDK 2W5 ESN Confirmation sent ____



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MedSTAR MedEvac Observer Program Participant Data Sheet

Section A *must* be completed and faxed to dispatch prior to departing on the first flight. Section B should be completed during the normal daily check-off, and all items initialed by the participant and a crew member. The evaluation tool on the back of this sheet may be used at the end of the shift.

Base _____ Date _____ Shift _____

Crew _____

A. Participant Data

ID Verification DL Mil ID Passport/Visa by _____

Name _____

Address _____

Phone _____

E-mail _____

Hospital/EMS Agency Affiliation _____

Emergency Contact/Relationship _____

Phone _____

Medical Conditions--Medications--Allergies

B. Orientation

Complete or discuss and initial each item:

Initial:
crew obs
____ Base Tour
____ Flight Suit/Helmet Fitting

Personnel Duties

____ Interfacility Flights
____ Scene Flights
____ Observer Role

Aircraft Tour

____ Approaching the Aircraft
____ Operation of Doors
____ Operation of Seatbelts
____ Use of Intercom/Sterile Cockpit
____ Emergency Egress Procedures
____ Location of Life Preservers
____ Location of Medical Equipment
____ Stretcher Operation

