Kingdom of Bahrain
Ministry of health
Health Centers Directorate
Bahrain Airport Clinic

لبحرين
الصحة
كز الصحية
ـ البحرين

HEALTH CENTER DIRECTORATE
BAHRAIN AIRPORT CLINIC

Ambulance Detailes Form

DATE _____ TIME _____

NAME OF PATIENT _____ AGE _____

NATIONALITY _____ PASSPORT NO _____

FLIGHT NO _____ FROM _____ TO _____

TYPE OF AMBULANCE _____

TIME AMBULANCE LEFT AIRPORT _____

PATIENT'S DETAILS

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

STAFF NURSE
AIRPORT HEALTH CLINIC

مملكة ا
وزارة
إدارة المرا
عيادة مطار