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| **1. Incident Name**  | **2. Operational Period (Date / Time)**From:       To:       | **MEDICAL PLAN****ICS 206-CG** |
| **3. Medical Aid Stations** |
| Name | Location | Contact # | Paramedics On site (Y/N) |
|       |       |       |       |
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|       |       |       |       |
| **4. Transportation** |
| Ambulance Service | Address | Contact # | Paramedics On board (Y/N) |
|       |       |       |       |
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|       |       |       |       |
| **5. Hospitals** |
| Hospital Name | Address | Contact # | Travel Time | BurnCtr? | Heli-Pad? |
| Air | Ground |
|       |       |       |       |       |       |       |
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| **6. Special Medical Emergency Procedures**      |
| **7. Prepared by: (Medical Unit Leader) Date/Time**           | **8. Reviewed by: (Safety Officer) Date/Time**            |
| MEDICAL PLAN ICS 206-CG (Rev.07/04) |