

## Part 1: Patient Information

Full name	NCC membership #
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MCP	Birth date yyyy-mm-dd
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Address	Phone number
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Community	Province	Postal Code	Cell phone number
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## Part 2: Escort Requirements

This is to certify that the above named individual has a medical appointment at:

Name of institution	Name of medical professional & specialty
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Date and time of appointment yyyy-mm-dd, hh:mm	Date of departure from home community yyyy-mm-dd, hh:mm
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Does patient require an escort?     Yes     No

If patient is 18 years or older, please give medical justification as to why an escort is required:

Escort full name	Relationship to patient <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other:
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Escort date of birth	Escort home and cell phone numbers
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Medical professional's signature

I, \_\_\_\_\_, give my family physician, \_\_\_\_\_, authorization to release information to NunatuKavut Community Council for use of their ikajuKatigek Medical Transportation Program on my behalf.

Patient Signature