



Summary Form of Vehicles for Patients

Name of Hospital

Date.....

| No | Vehicle Registration No. | Pick up the patient No. | Pick up the follwer No. | Name of Driver | Name of Crew | Note (if any) |
|----|--------------------------|-------------------------|-------------------------|----------------|--------------|---------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Name of COVID Commander

(Signature)

(.....Full Name.....)

Position.....

Tel......

(Hospital Seal)