



GPI POLICY - ANNEX C TO HEALTH POLICY

Annex C: MO/GPI MEDIVAC APPLICATION & APPROVAL FORM

Date: _____

Name of Applicant:

(print applicant's name)

DOB: _____

Sex: Male Female

Status: *(Tick appropriate box(s))* Non-pensioner Pensioner Child

Treatment: *Tick appropriate box*

Medical Dental Optical

In New Zealand, Tahiti or _____

(Medical Officer to note the designated destination)

Compassionate Grant A Compassionate Grant A -

Follow up Compassionate Grant B

The Applicant requires _____ to accompany him/her as a caregiver or guardian.

Caregiver or guardians relationship to the applicant _____.

Date Policy last reviewed: 11TH November 2021
Date Policy due for next review: November 2023



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Applicant
signature: _____ Date: _____

Caregiver Signature: _____ Date: _____

Medical Officers
Signature: _____ Date: _____

Date Policy last reviewed: 11TH November 2021
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