



**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)*