

**STANDBY REQUEST FORM**

Please fill out the form below to request a medical standby and fax to us.

|  |  |  |
| --- | --- | --- |
| Contact | Organizer |  |
| Organizer’s email |  |
| Contact person at event |  |
| Contact person’s phone |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Department or Organization |  | | | |
| Date |  | | | |
| Location |  | | | |
| Description of event |  | | | |
| Event time | Start |  | End |  |
| Number expected to attend |  | | | |
| Rain plan or alternate location |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Standby | Special situation (please describe any situations we may need to be aware) |  | | | |
| Staff required | Paramedic | | | |
| Doctor | Male |  | |
|  | Female |  | |
| PPP |  | | |
| S/Nurse |  | | |
| Physio |  | | |
| PPK |  | | |
| Ambulance standby | Yes |  | No |  |
| Standby time | Start |  | End |  |

**For further information please contact:**

Pusat Kesihatan Universiti

Universiti Putra Malaysia

43400 UPM Serdang

**Contact No:**

Office : 03-89467346

Emergency : 03- 89467332 / 7334

Fax : 03-89468878