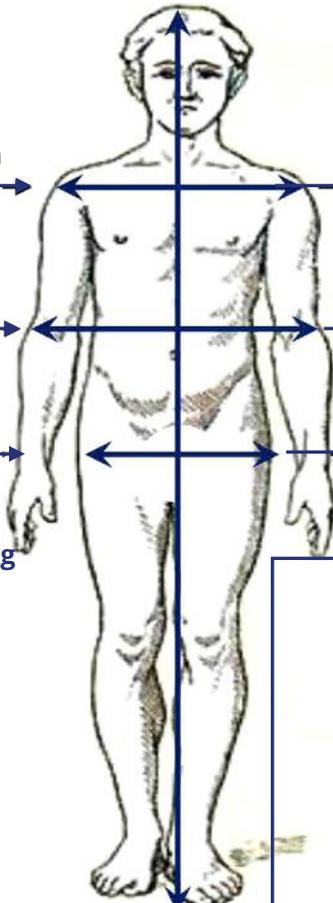




Air Ambulance Transportation is our Passion

Fit Assessment for Bariatric Transports

To program the appropriate fit before each bariatric transport, please fill out this form entirely and document any transport instructions.



Maximum **shoulder to shoulder** width _____ **cm or in**

Maximum **thorax** width including both arms _____ **cm or in**

Maximum body width at the **hips** _____ **cm or in**

Patient's weight: _____ **lb or kg**

Patient's height: _____ **cm or in**

Patient's mobility
 Full assist to stretcher
 With assistance
 No assistance

Patient's transport position
 Supine
 Prone
 Fowlers
 Semi-fowlers
 Trendelenburg
 Right lateral recumbent
 Left lateral recumbent

Transportation Instructions

Full name & title of person completing this form

Date