



AMBULANCE USA
MEDICAL TRANSPORTATION

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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 mobility
Full assist to stretcher:
With assistance:
No assistance:

Patient's height: _____ cm or _____ in

Patient's transport position: Supine: Fowlers: Semi-fowlers: Other (specify): _____

Transport instructions: _____

Ops@AmbulanceUSA.com

Providers@AmbulanceUSA.com