

# EMS TRIAGE

INCIDENT LOCATION:		CALL #:	DATE:			
MOI/NOI:	CC:		DISPATCHED:			
NAME:			ENROUTE:			
ADDRESS:			ON SCENE:			
CITY:	STATE:	ZIP:	TRANSPORTED:			
DOB:	AGE:	SEX:	DISPOSITION:			
ONSET:	DURATION:		IN SERVICE:			
P AST MEDICAL HISTORY: <input type="checkbox"/> DENIED						
MEDICATIONS: <input type="checkbox"/> NONE						
ALLERGIES: <input type="checkbox"/> NKA						
V I T A L S	TIME:	RESP:	PULSE:	BLOOD PRESSURE:	PUPILS:	LOC:
LUNG SOUNDS:		SKIN:		TEMP:		
NOTES/TREATMENT:						

*Rite in the Rain.*

J. L. DARLING CORP. TACOMA, WA  
www.RiteintheRain.com

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