

Patient: _____

Start No. _____

Competition (circle):
PHYS **PARA**

FRONT

BACK

Personal Property Receipt/
Evidence Tag



1234567

Destination _____



1234567

Via _____

TRIAGE TAG ○



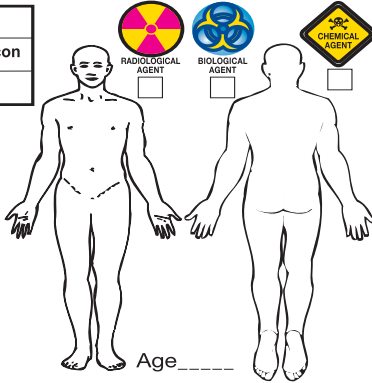
1234567

| | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> S | <input type="checkbox"/> L | <input type="checkbox"/> U | <input type="checkbox"/> D | <input type="checkbox"/> G | <input type="checkbox"/> E | <input type="checkbox"/> M |
| Salivation | Lacrimation | Urination | Defecation | G.I. Distress | Emesis | Miosis |

| | | | |
|--------------------|----------------------------|----------------------------|----------------------------|
| AUTO INJECTOR TYPE | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| AUTO INJECTOR TYPE | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

| | | |
|----------|----|-----------------|
| Yes | No | Primary Decon |
| Yes | No | Secondary Decon |
| Solution | | |

| |
|--------------------|
| Blunt Trauma |
| Burn |
| C-Spine |
| Cardiac |
| Crushing |
| Fracture |
| Laceration |
| Penetrating Injury |



Age _____
 Male Female

Other _____

VITAL SIGNS

| Time | B/P | Pulse | Respiration |
|------|-----|-------|-------------|
| | | | |
| | | | |
| | | | |

| Time | Drug Solution | Dose |
|------|---------------|------|
| | | |
| | | |
| | | |

MORGUE



1234567

MORGUE



1234567

IMMEDIATE



1234567

IMMEDIATE



1234567

DELAYED



1234567

DELAYED



1234567

MINOR



1234567

MINOR



1234567

Comments/Information

Patient's Name

RESPIRATIONS

R Yes
 No

PERFUSION

P + 2 Sec.
 - 2 Sec.

MENTAL STATUS

M Can Do
 Can't Do

Move the Walking Wounded ▶ **MINOR**

No Respirations After Head Tilt ▶ **MORGUE**

Respirations - Over 30 ▶ **IMMEDIATE**

Perfusion - Capillary Refill Over 2 Seconds ▶ **IMMEDIATE**

Mental Status - Unable to Follow Simple Commands ▶ **IMMEDIATE**

Otherwise ▶ **DELAYED**

PERSONAL INFORMATION

| | | |
|----------|-----------------|-----|
| NAME | | |
| ADDRESS | | |
| CITY | ST | ZIP |
| PHONE | | |
| COMMENTS | RELIGIOUS PREF. | |

MORGUE

Pulseless/
Non-Breathing

MORGUE

Pulseless/
Non-Breathing

IMMEDIATE

Life Threatening
Injury

IMMEDIATE

Life Threatening
Injury

DELAYED

Serious
Non Life Threatening

DELAYED

Serious
Non Life Threatening

MINOR

Walking Wounded

MINOR

Walking Wounded

CONTAMINATED

CONTAMINATED

EVIDENCE

EVIDENCE



1234567