

Patient Medical Card – NEMCo - CERT

Date yyyy/mm/dd hh:mm Responder _____

Tag # _____ Triage code: R Y G B

Location Found _____

*Name (Last, First) _____

Age _____ Race _____ Gender F M

Chief Complaint _____

Observations (head to toe) _____

MOI: Blunt Burn Fall Penetration Blast Other

Injury - Mark on diagram

Deformations

Contusions

Abrasions

Punctures

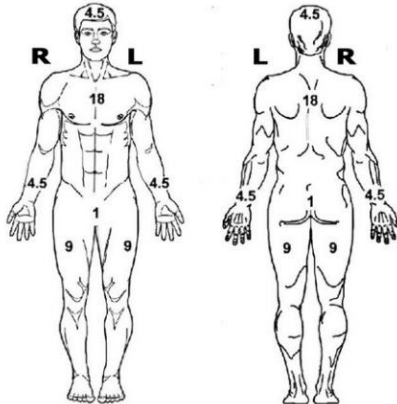
Burns

Tenderness

Lacerations

Swelling

Amputation



Date/time (24 hr)					
Pulse rate/loc					
Blood pressure	/	/	/	/	/
Respiration					
Level of Response					
Skin					

Tag # _____

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Patient History

Symptoms _____

Allergies _____

Medication _____

Pertinent History _____

Last In/Out _____

Events leading to injury _____

Treatment notes (dressing/ stabilization/ blanket, if TQ type and time)

Resources on site _____

Plan (include anticipated problems)

Resolution: Treat Transport Release Refuse by/to:

Radio report - *DO NOT ID PATIENT BY NAME; report first, last vitals

By _____ To _____ Date/time yyyy/mm/dd hh:mm