

This form stays in the Medical Treatment Area

## MEDICAL TREATMENT AREA ROSTER

MTA Location: \_\_\_\_\_ Date: \_\_\_\_\_

<i>Triage Funnel Point</i>					<i>Copy from Patient Assessment Form</i>	<i>Filled Out by Transport Captain</i>	
Triage #	Red	Yellow	Green	Sex	Name/Age/Address or Complete Description	Transported To Where and by Whom	Date & Time