



WASHINGTON
METROPOLITAN
AREA

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**DISASTER TAG
DO NOT REMOVE**

PATIENT NUMBER



NCR15080098

PATIENT INFORMATION

MALE FEMALE

AGE WEIGHT

NAME

ADDRESS

CITY

STATE

PHONE

TRIAGE STATUS

EVALUATION

TIME

RED

YELLOW

GREEN

BLACK

INITIAL

IMMEDIATE

DELAYED

MINOR

DECEASED

SECONDARY

IMMEDIATE

DELAYED

MINOR

DECEASED

HOSPITAL

IMMEDIATE

DELAYED

MINOR

DECEASED

CHIEF COMPLAINT



EMOTIONAL (uncontrollable)

Head Injury C-Spine

Blunt Trauma

Penetrating Injury

Burn Fracture

Laceration Amputation

Medical _____

Cardiac Respiratory

Diabetic OB/GYN

Haz-Mat Exposure



COMMENTS

TRANSPORTATION AGENCY/UNIT

DESTINATION

DOB



LAST NAME, FIRST NAME

TREATMENT



NCR15080098

HOSPITAL



NCR15080098

OTHER



NCR15080098

OTHER



NCR15080098

OTHER



NCR15080098

OTHER



NCR15080098

TRANSPORT RECORD

AGE

MALE FEMALE

NAME



NCR15080098

PATIENT NUMBER

CHIEF COMPLAINT

TRIAGE STATUS

DESTINATION

RED

YELLOW

GREEN

TRANSPORTATION AGENCY/UNIT TIME OUT

