

**Blue Ridge/Western
EMS Regions**

**DISASTER TAG
DO NOT REMOVE**

© 1997 NVEMS COUNCIL
AGE WEIGHT

PATIENT INFORMATION

MALE FEMALE

NAME _____
















ADDRESS _____

CITY _____ STATE _____ PHONE _____

PATIENT NUMBER


235700

TRIAGE STATUS

EVALUATION	TIME	RED	YELLOW	GREEN	BLACK
INITIAL		 IMMEDIATE	 DELAYED	 MINOR	 DECEASED
SECONDARY		 IMMEDIATE	 DELAYED	 MINOR	 DECEASED
		 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 _____

TREATMENT  235700	HOSPITAL  235700
OTHER  235700	OTHER  235700
OTHER  235700	OTHER  235700

TRANSPORT RECORD


MALE FEMALE

NAME _____

CHIEF COMPLAINT _____

DESTINATION _____

TRANSPORTATION AGENCY/UNIT _____ TIME OUT _____

PATIENT NUMBER

235700

TRIAGE STATUS

