Commonwealth of Virginia

TRIAGE TAG

DO NOT REMOVE

PATIENT NUMBER

0036240

DATE:

PATIENT INFORMATION

☐ MALE ☐ FEMALE

AGE WEIGHT

NAME

ADDRESS

CITY ST PHONE

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

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 TIME ARRIVED

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TREATMENT *0036240*

OTHER *0036240*

OTHER *0036240*

HOSPITAL *0036240*

OTHER *0036240*

OTHER *0036240*

TRANSPORT RECORD

☐ MALE ☐ FEMALE

AGE

NAME

CHIEF COMPLAINT

DESTINATION

TRANSPORTATION AGENCY/UNIT TIME OUT

PATIENT NUMBER

0036240

DATE:

TRIAGE STATUS

RED	YELLOW	GREEN