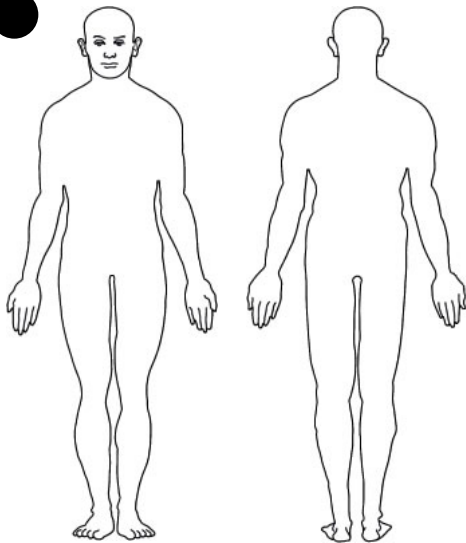


CERT MEDICAL TRIAGE FORM



LOCATION:

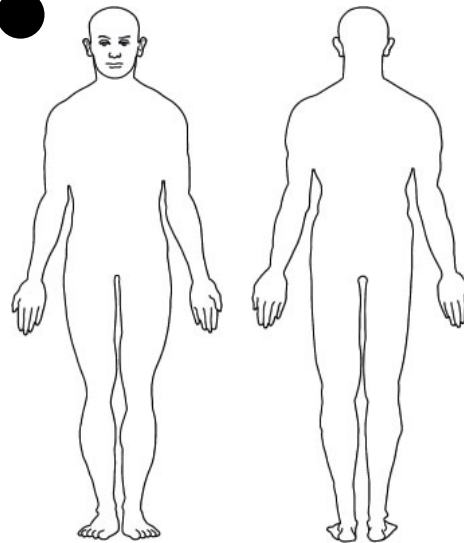
NAME (IF KNOWN):

APPROX. AGE:

GENDER:

DAY/TIME:

CERT MEDICAL TRIAGE FORM



LOCATION:

NAME (IF KNOWN):

APPROX. AGE:

GENDER:

DAY/TIME:

DIAGNOSIS/TREATMENT

TAG NO.

MEDIC ALERT/SPECIAL INSTRUCTIONS

DIAGNOSIS/TREATMENT

TAG NO.

MEDIC ALERT/SPECIAL INSTRUCTIONS

P-0 DECEASED

P-1 IMMEDIATE

P-2 DELAYED

P-3 HOLD

P-0 DECEASED

P-1 IMMEDIATE

P-2 DELAYED

P-3 HOLD