DIX HILLS FIRE DEPT. RESCUE SQUAD

NAME:_____
BADGE:_____
DATE:_____

TIME	B/P	PULSE	RESP.	TEMP.
MED. REHAB	**S <90 > 160 D >110**	**>110**		**>100.6 F**

REHAB ONLY

MEDICAL EVAL & REHAB

VITALS TAKEN @ 10 MIN. INTERVALS MAX

				RETAIN
TIME				
B/P				**S<90 >160 D >110**
PULSE				**>110**
RESP.				
TEMP.				**>100.6 F**
TAKEN BY:				

DISPOSITION

RETURN TO WORK

OFF DUTY

TRANSPORT TO HOSPITAL

REHAB OFF. _____

TIME REL. _____

USE BACK OF TAG FOR ADDITIONAL NOTES

5/09MD