|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Incident #: | | Address: | | | |
| Date: | | Medical Officer: | | | |
| Team Member: | | Age: | | Sex: | |
| Chemical Involved: | | | | | |
| Item | Pre-Entry | Post Entry | | | |
| Post Entry | 15 minutes | 30 minutes | 60 minutes |
| Examiner: |  |  |  |  |  |
| Time: |  |  |  |  |  |
| Temperature: ( >99.2 deny entry) |  |  |  |  |  |
| Pulse: ( >100 deny entry) |  |  |  |  |  |
| Respirations: ( >25 deny entry) |  |  |  |  |  |
| Blood Pressure: ( >150/100 deny entry) |  |  |  |  |  |
| Skin Evaluation:  (Examples: Red, skin rash, lesions, open sores, profuse sweating, cold/clammy skin) |  |  |  |  |  |
| Cognitive Status:  (Examples: Slurred speech, clumsiness, weakness, headache, dizziness, disoriented) |  |  |  |  |  |
| Hydration:  (Drink minimum 1-2 cups of water) |  |  |  |  |  |
| Medical History:  (Examples: Allergies, Medications, Asthma, etc) |  | | | | |
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|
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Technician returned to work-cycle at \_\_ \_\_ : \_\_ \_\_ hours as:

Back-up team Entry team Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Technician did not return to work-cycle and at \_\_ \_\_ : \_\_ \_\_ hours was assigned to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Technician required medical attention and was:

Attended by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_ \_\_ : \_\_ \_\_ hrs.

Transported by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_ \_\_ : \_\_ \_\_ hrs to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.