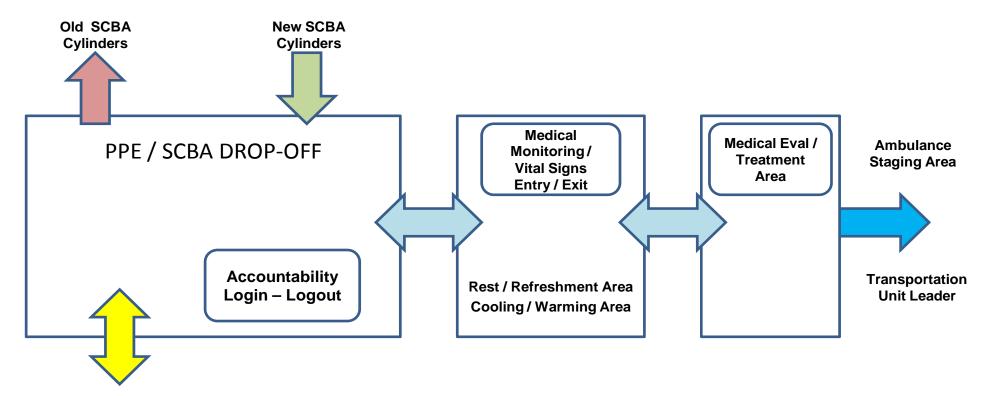
INCIDENT LOCATION:	INCIDENT REHAB WORKSHEET	DATE / TIME:
REHAB UNIT / EMS UNIT:		TRANSPORTATION AMBULANCE(S):

DEPT	UNIT	NAME - LAST, FIRST INIT.	TIME IN	TIME OUT	INIT VIT		UI		LOW- MEDICAL UP FOLLOW-UP TALS REQUIRED		TRANSPORT TO:	
					HR	В/Р		HR	B/P	(Y/N?)	AMBULANCE	HOSPITAL

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## **Sample Rehab Setup**



Single Point of Entry / Exit