

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

DEPT	UNIT	NAME - LAST, FIRST INIT.	TIME IN	TIME OUT	INITIAL VITALS		TEMP	FOLLOW- UP VITALS		MEDICAL FOLLOW-UP REQUIRED (Y/N?)	TRANSPORT TO:	
					HR	B/P		HR	B/P		AMBULANCE	HOSPITAL

Sample Rehab Setup

