

MEDICAL EMERGENCY RESCUE REQUEST		
Name:	Age:	Sex:
The victim is (circle):		
Alert & Oriented	Verbally Responsive	Painfully Responsive Unresponsive
Heart Rate:		
# of beats per minute: _____	Regular or Irregular	Strong or Weak
Respiratory Rate:		
# of breaths per minute: _____	Labored or Unlabored	
Pupils:		
Equal, Round & Reactive to Light		
Skin:		
Color: _____	Temperature: _____	Moisture: _____
Date & approx time of accident/illness:	Last ate:	

Victim's chief complaint is:
Injuries to: (circle any that apply)
Head Face Neck Shoulders Chest Abdomen Pelvis
Lumbar Region Upper & Lower Extremities Back & Spine
Description of injuries:
Victim found in (position):
Weather & Terrain:
Location of Accident:
Remaining at Scene: