

ALSIP CERT FORMS



Medical Treatment Area Record



(Circle one) **RED** **YELLOW** **GREEN** **BLACK**

DATE:		PERSON REPORTING:			PAGE #:				
Time In	Name / Clothing Description	Physical Description		Condition		Move To	Time Out		
		M F	Age _____	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Fractures	<input type="checkbox"/> Shock	<input type="checkbox"/> Burn		
		Race _____		Details:					
		HT _____	WT _____						
		M F	Age _____					<input type="checkbox"/> Bleeding	<input type="checkbox"/> Fractures
		Race _____		Details:					
		HT _____	WT _____						
		M F	Age _____					<input type="checkbox"/> Bleeding	<input type="checkbox"/> Fractures
		Race _____		Details:					
		HT _____	WT _____						
		M F	Age _____					<input type="checkbox"/> Bleeding	<input type="checkbox"/> Fractures
		Race _____		Details:					
		HT _____	WT _____						
		M F	Age _____					<input type="checkbox"/> Bleeding	<input type="checkbox"/> Fractures
		Race _____		Details:					
		HT _____	WT _____						

Document each person brought into the treatment area.

If victim cannot provide name then provide description: clothing description, sex, approximate age, race, estimates of height and weight

This form is for one medical classification: **Red(Immediate)**, **Yellow(Delayed)**, **Green(Minor)** or **Black(Dead)** - circle the appropriate color for this specific list of victims.