

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

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