WC CERT MED OPS Intake Log

DATE:_______________

* If patient unable to give name, describe build, height/weight, clothing and any other identifying info

<table>
<thead>
<tr>
<th>TIME</th>
<th>ID #</th>
<th>NAME</th>
<th>M or F</th>
<th>DOB/AGE</th>
<th>DESCRIPTION *</th>
<th>INITIAL STATUS</th>
<th>ACTION</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

FROM ARMBAND

VOLUNTEER

AS ASSESSED BY TRANSPORT

WHERE DID VICTIM GO?

THIS IS THE FORM MED OPS USES TO TRACK VICTIMS COMING INTO MED OPS

MED OP INTAKE LOG - WC CERT April 2 2013