

TRIAGE TAG

PART  II

MEDICAL COMPLAINTS/HISTORY

ALLERGIES:

PATIENT R_x:

TIME	DRUG SOLUTION			DOSE
	D ₅ W	R/L	NS	

NOTES:

PERSONAL INFORMATION

NAME:

ADDRESS:

CITY:

TEL. NO.:

MALE

FEMALE

AGE:

WEIGHT:

DECEASED

IMMEDIATE

DELAYED

MINOR