

**SAFETY MANAGEMENT MANUAL**



**SOP-GEN008B  
MEDEVAC/ Emergency  
Contacts**

Rev # 7

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**Patient Information**

<b>Patient Name</b>					
<b>Age</b>		<b>Sex</b>		<b>Nationality</b>	
<b>Type of Injury/Illness</b>					
<b>Symptoms and Location</b>					
<b>When/How Injury/Illness Occurred</b>					
<b>Medications/Treatment Administered</b>					
<b>Previous Medical Condition (Include Medications)</b>					
<b>Vital Signs</b>					
Temp_____		BP_____		Comments_____	
<b>Airway:</b>	Obstructed	Gurgling	Open		
<b>Respiration:</b>	Normal	Shallow	Deep	None	
<b>Pulse:</b>	Normal	Weak	Fast	None	
<b>Skin Color:</b>	Blanched	YLW	Blue	Red	Normal
<b>Skin Conditions:</b>	Dry	Clammy	Normal		
<b>Conscious</b> Y/N	<b>Ambulatory</b>	Y/N	<b>Eyes Dilated</b>	Y/N	
<b>Convulsions</b> Y/N	<b>Signs of Shock</b>	Y/N	<b>Eyes Reactive</b>	Y/N	
<b>Vomiting</b> Y/N	<b>Bleeding</b>	Y/N	<b>Eyes Equal</b>	Y/N	
<b>Tingling Limbs</b> Y/N	<b>Paralysis</b>	Y/N			