CONTINUED EVALUATION

Name_____ Category **I** **D**

Triage Tag #_____ Date_____

* = LEVEL OF CONSCIOUSNESS ** = ↑ OR ↓ RESPIRATION, DISTRESS, BLEEDING, PAIN, CONFUSION

TIME	PULSE	RESP	LOC*	COLOR	SKIN TEMP	CAP REFILL	COMMENTS/CHANGES **	LAST NAME

MEDCONTEVALFRM
8/02