MOUNT HOLYOKE COLLEGE MEDICAL EMERGENCY RESPONSE TEAM

№ 0333

Pt. Name_____ DOB:_____ Age:___
Sex: F☐ M☐ Affiliation: MHC Student☐ Faculty/Staff☐ Other☐_____
Rm#/Dorm:_____ Ph#:_____
Home Addr:_____
City:_____ State____ Zip_____
Home Ph#:_____ SS#:_____

Chief Complaint:_____
Date/Time of Incident:_____
Med. History: Asthma☐ Diabetes☐ other☐_____
_____
Current Meds:_____ Denied☐
Allergies:_____ Denied☐

Dispatch Information:

Date:_____ Shift:_____
Dispatched to:_____
Time called:_____
on scene_____ cleared_____
Responding PSO:_____
Transported to Health Center? Y☐ N☐
by EMT van☐ PSO cruiser☐
received by:_____
S. Hadley Ambulance called? Y☐ N☐
on scene_____ cleared_____
Refusal of Medical Attention? Y☐ N☐

TIME	PULSE	B.P.	RESP.	LUNGS	Level OC	R	PUPILS	L	SKIN	
			Rate: ☐ Regular ☐ Shallow ☐ Labored	☐ Normal ☐ Abnormal (explain):	☐ Alert ☐ Responsive to Voice ☐ Responsive to Pain ☐ Unresponsive	☐ ☐ ☐ ☐ ☐	Normal/PEARL Dilated Constricted Sluggish No Reaction	☐ ☐ ☐ ☐ ☐	☐ Cool ☐ Warm ☐ Moist ☐ Dry	☐ Pale ☐ Cyanotic ☐ Flushed ☐ Jaundiced
			Rate: ☐ Regular ☐ Shallow ☐ Labored	☐ Normal ☐ Abnormal (explain):	☐ Alert ☐ Responsive to Voice ☐ Responsive to Pain ☐ Unresponsive	☐ ☐ ☐ ☐ ☐	Normal/PEARL Dilated Constricted Sluggish No Reaction	☐ ☐ ☐ ☐ ☐	☐ Cool ☐ Warm ☐ Moist ☐ Dry	☐ Pale ☐ Cyanotic ☐ Flushed ☐ Jaundiced
			Rate: ☐ Regular ☐ Shallow ☐ Labored	☐ Normal ☐ Abnormal (explain):	☐ Alert ☐ Responsive to Voice ☐ Responsive to Pain ☐ Unresponsive	☐ ☐ ☐ ☐ ☐	Normal/PEARL Dilated Constricted Sluggish No Reaction	☐ ☐ ☐ ☐ ☐	☐ Cool ☐ Warm ☐ Moist ☐ Dry	☐ Pale ☐ Cyanotic ☐ Flushed ☐ Jaundiced

Narrative:_____
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O2 administered?: N☐ Y☐: Start time:_____ @_____lpm via_____stop time_____

Refusal of Medical Attention:
I hereby refuse (treatment by MERT personnel) and I acknowledge that such treatment was advised by the EMTs. I hereby release such persons from liability for respecting and following my expressed wishes:
Signed:_____ Date_____
Witness:_____ Date_____
Witness:_____ Date_____

Crew Members:_____
_____
Signatures:
_____ Disp#____ MA Lic#_____
_____ Disp#____ MA Lic#_____
_____ Disp#____ MA Lic#_____

White: Public Safety Yellow: Health Center Pink: MERT