



Casualty Record Card

Name Age

Address

.....

.....

Telephone (Home)

Allergies

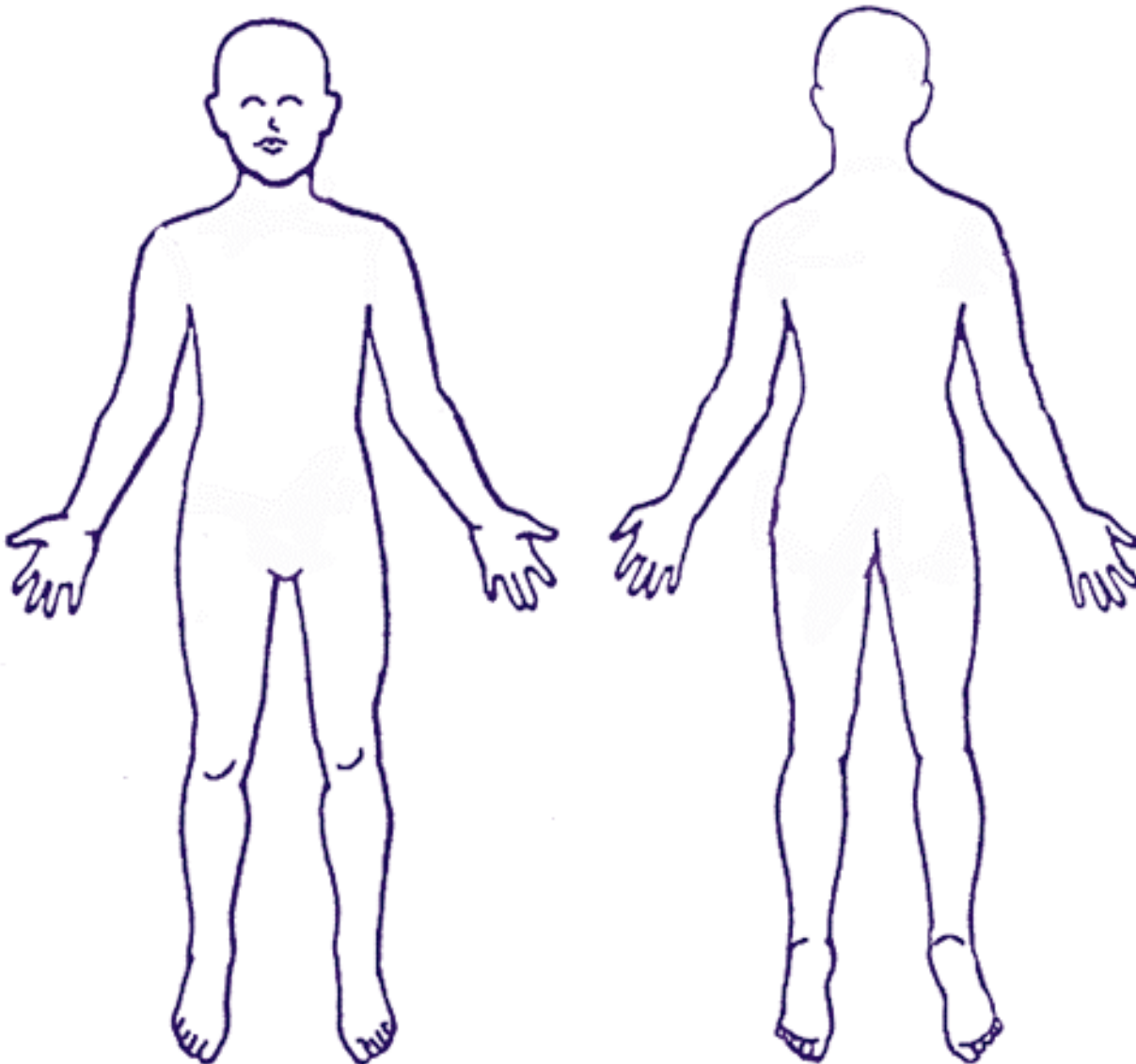
Medication

Last meal

History of Incident

Injuries/Illness found, symptoms etc

Treatment given



Time					
Pulse	Rate				
	Character				
Breathing	Rate				
	Character				
Temperature	Warm/dry				
	Hot/wet				
	Hot/Dry				
	Cold/Wet				
	Cold/dry				
Colour					
Consciousness	A				
	V				
	P				
	U				