

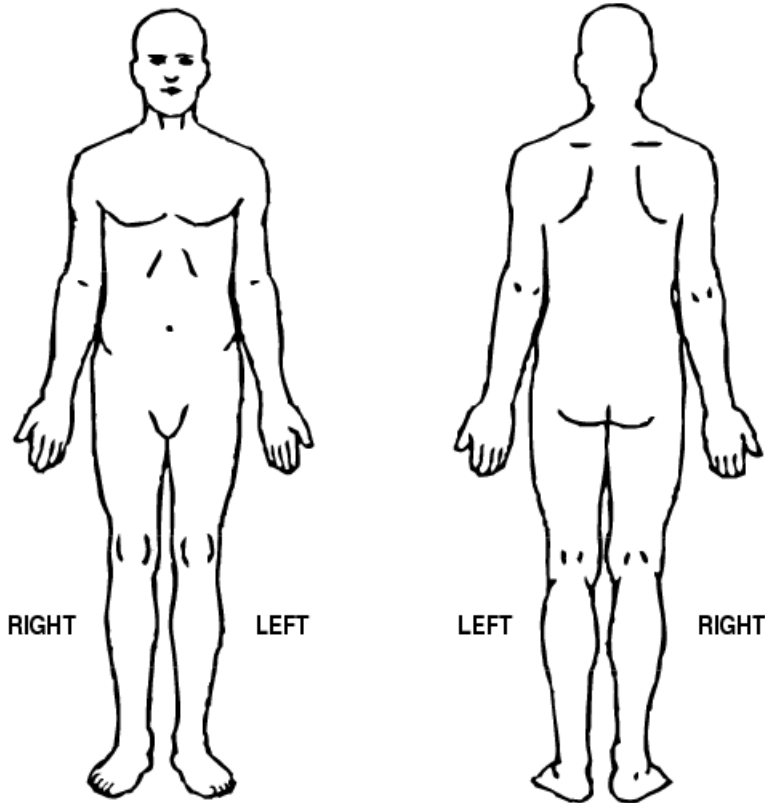
**JCC CERT—TREATMENT AREA
PATIENT ASSESSMENT**

CERT Volunteer: _____

Date: _____

Time of arrival: _____
(in treatment area)

Initial tag color: Red Yellow
(circle one)
 Green Black



PATIENT DETAILS

Male Female

Name if known: _____

Approximate Age: _____

Description:

INJURIES

- | | |
|--|---------------------|
| F Fracture/Sprain
(shade area) | B Burn |
| C Contusion | T Tenderness |
| A Abrasion | L Laceration |
| P Puncture | S Swelling |

MECHANISM OF INJURY:

MENTAL STATUS: Conscious? YES NO
 Follows simple commands? YES NO

ACTIONS TAKEN: Use back of page to record treatment