

RED MEDICAL AREA PATIENT LOG – CERT AREA _____

PAGE # _____

| PATIENT #/NAME/DESCRIPTION (Hair color/eye color/distinguishing marks/clothing) | DATE IN | TIME IN | DATE OUT | TIME OUT | RELEASED TO (Area: G Y OR Name of EMS Company/Person/Facility) | RELEASED BY (Your Name) |
|---|--------------------------|--------------------------|---------------------------|---------------------------|--|-----------------------------------|
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |

This page intentionally left blank.

YELLOW MEDICAL AREA PATIENT LOG – CERT AREA _____ PAGE # _____

| PATIENT #/NAME/DESCRIPTION (Hair color/eye color/distinguishing marks/clothing) | DATE IN | TIME IN | DATE OUT | TIME OUT | RELEASED TO (Area: R G OR Name of EMS Company/Person/Facility) | RELEASED BY (Your Name) |
|---|-------------------|-------------------|--------------------|--------------------|--|-----------------------------------|
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |

This page intentionally left blank.

GREEN MEDICAL AREA PATIENT LOG – CERT AREA _____ PAGE # _____

| PATIENT #/NAME/DESCRIPTION (Hair color/eye color/distinguishing marks/clothing) | DATE IN | TIME IN | DATE OUT | TIME OUT | RELEASED TO (Area R Y OR Name of EMS Company/Person/Facility) | RELEASED BY (Your Name) |
|---|-------------------|-------------------|--------------------|--------------------|---|-----------------------------------|
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |

This page intentionally left blank.

MORGUE LOG – CERT AREA _____

PAGE # _____

| PATIENT #/NAME/DESCRIPTION (Hair color/eye color/distinguishing marks/clothing) | DATE IN | TIME IN | DATE OUT | TIME OUT | RELEASED TO (Name of Coroner/Person/Facility) | RELEASED BY (Your Name) |
|---|--------------------------|--------------------------|---------------------------|---------------------------|---|-----------------------------------|
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |
| Patient # | | | | | | |

This page intentionally left blank.