MEDICAL AREA INTAKE LOG - CERT AREA: _____   PAGE# _____

DATE IN	TIME IN	**PATIENT # _____** (tag the patient) **TRIAGE STATUS** (from Medical Transport Order) **RED _____ YELLOW _____ GREEN _____** **NAME/DESCRIPTION_____**
DATE	TIME	MOVED FROM _____ AREA TO _____ AREA Per Medical Group Leader_____
DATE	TIME	MOVED FROM _____ AREA TO _____ AREA Per Medical Group Leader_____
DATE OUT	TIME OUT	DISCHARGED TO (Facility, EMS Company, Person): DISCHARGED BY (Medical Area Team Leader, Medical Group Leader):

DATE IN	TIME IN	**PATIENT # _____** (tag the patient) **TRIAGE STATUS** (from Medical Transport Order) **RED _____ YELLOW _____ GREEN _____** **NAME/DESCRIPTION_____**
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