This is a Disaster Victim/Patient Tracking Form used to account for victims of identified events seeking medical attention. The form is designed to track and manage patient information efficiently during a disaster scenario. The form includes columns for incident name, date/time prepared, operational period date/time, triage areas (immediate, delayed, expectant, minor, morgue), patient details such as MR #/name, sex, DOB/Age, area triaged to, location/time of diagnostic procedures, time sent to surgery, disposition (home, admit, morgue, transfer), and time of disposition. The form also includes sections for submission by, area assigned to, and date/time submitted, with a facility name also indicated.

**Purpose:** Account for victims of identified event seeking medical attention.

**Origin:** Situation Unit Leader.

**Copies To:** Patient Registration Unit Leader and Medical Care Branch Director.