DISASTER VICTIM/PATIENT TRACKING FORM

HOSPITAL INCIDENT COMMAND SYSTEM

1. INCIDENT NAME	2. DATE/TIME PREPARED	3. OPERATIONAL PERIOD DATE/TIME

4. TRIAGE AREAS (IMMEDIATE, DELAYED, EXPECTANT, MINOR, MORGUE)

MR #/ Triage #	Name	Sex	DOB/Age	Area Triaged To	Location/Time of Diagnostic Procedures (X-Ray, Angio, CT, etc)	Time sent to Surgery	Disposition (Home, Admit, Morgue, Transfer)	Time of Disposition

5. SUBMITTED BY	6. AREA ASSIGNED TO	7. DATE/TIME SUBMITTED

8. FACILITY NAME

PURPOSE: ACCOUNT FOR VICTIMS OF IDENTIFIED EVENT SEEKING MEDICAL ATTENTION. **ORIGINATION:** SITUATION UNIT LEADER.
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