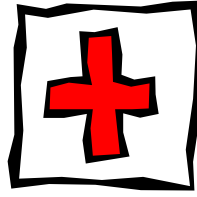


Cert Patient Record

TIME: _____ COLOR: Green
 Yellow
 RED
 BLACK

NAME: _____

DESCRIPTION Of Injury/ Vitals:

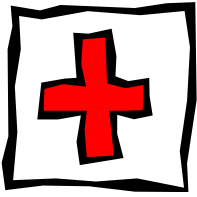


Cert Patient Record

TIME: _____ COLOR: Green
 Yellow
 RED
 BLACK

NAME: _____

DESCRIPTION Of Injury/ Vitals:

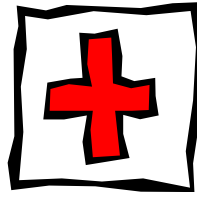


Cert Patient Record

TIME: _____ COLOR: Green
 Yellow
 RED
 BLACK

NAME: _____

DESCRIPTION Of Injury/ Vitals:

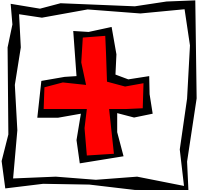


Cert Patient Record

TIME: _____ COLOR: Green
 Yellow
 RED
 BLACK

NAME: _____

DESCRIPTION Of Injury/ Vitals:

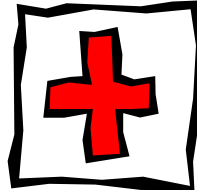


Cert Patient Record

TIME: _____ COLOR: Green
 Yellow
 RED
 BLACK

NAME: _____

DESCRIPTION Of Injury/ Vitals:

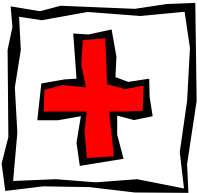


Cert Patient Record

TIME: _____ COLOR: Green
 Yellow
 RED
 BLACK

NAME: _____

DESCRIPTION Of Injury/ Vitals:

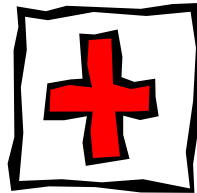


Cert Patient Record

TIME: _____ COLOR: Green
 Yellow
 RED
 BLACK

NAME: _____

DESCRIPTION Of Injury/ Vitals:

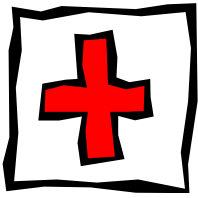


Cert Patient Record

TIME: _____ COLOR: Green
 Yellow
 RED
 BLACK

NAME: _____

DESCRIPTION Of Injury/ Vitals:

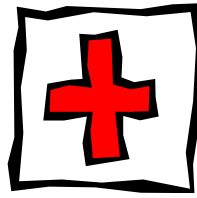


Cert Patient Record

TIME: _____ COLOR: Green
 Yellow
 RED
 BLACK

NAME: _____

DESCRIPTION Of Injury/ Vitals:

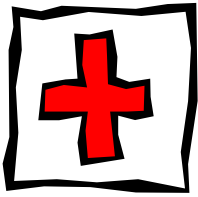


Cert Patient Record

TIME: _____ COLOR: Green
 Yellow
 RED
 BLACK

NAME: _____

DESCRIPTION Of Injury/ Vitals:

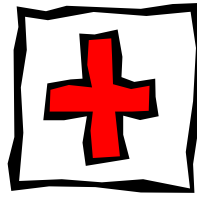


Cert Patient Record

TIME: _____ COLOR: Green
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 BLACK

NAME: _____

DESCRIPTION Of Injury/ Vitals:



Cert Patient Record

TIME: _____ COLOR: Green
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 BLACK

NAME: _____

DESCRIPTION Of Injury/ Vitals:
