

Imperial County Emergency Medical Services
Triage Report Form

Incident Location:	
Date:	Treatment Location:

PATIENT INFORMATION

Triage Tag Number	Triage Tag Color	Age – Sex - Wt	Chief Complaint Major Injuries	Vitals				Field Treatment	Receiving Facility
				LOC	Pulse	BP	Resp.		

Report Completed By:	Date:
Agency:	Signature: