EXERCISE “VICTIM”
SYMPTOMATOLGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: ________

VISIBLE SYMPTOMS:

Child not moving
Shrapnel protruding from right temple
Swollen eyes
Dead, gray and reddened skin areas on face and both arms

PHYSICAL FINDINGS:

Resp: 8 and shallow
No audible wheezing
Pulse: 60
BP: 72/56

OTHER PATIENT INFORMATION:

Unresponsive
Moaning
Moving extremities

Trauma - Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Field Assessment and Treatment:
1. Initial Contact and Triage
   a. How long did it take response personnel to contact you? ______
   b. How long did it take response personnel to begin decontaminating you? ______
   c. Were you examined on the scene more than once? □ Yes □ No
   d. Whom did you talk to, or whom were you assessed by (list all)?
      □ Fire □ EMS □ Police □ Other
   e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? □ Green □ Yellow □ Red □ Black □ Never received a tag
   f. What actions did response personnel take as a result of their assessment of your condition?

2. Treatment:
   a. If conscious, did someone explain your treatment? □ Yes □ No
   b. If conscious, were you given clear instructions? □ Yes □ No
   c. What treatment was given?

3. Did you observe any outstanding actions among the response personnel you observed?

Hospital (if applicable)
1. Which hospital did you go to?
2. Once at the hospital, how long was it until someone examined you?
   □ Less than 5 minutes □ 5 minutes □ 10 minutes □ 15 minutes □ Over 15 minutes □ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?

DO NOT LOSE THIS CARD!
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Thank you for your participation!
EXERCISE “VICTIM” 
SYMPTOMATOOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: ________

VISIBLE SYMPTOMS:

Child moving extremities
Shrapnel protruding from left upper quadrant with red inflamed area surrounding it

PHYSICAL FINDINGS:

Resp: 32 and shallow
Audible crackling and wheezing
Pulse: 152
BP: 90/60

OTHER PATIENT INFORMATION:

Unresponsive
Unable to follow commands
Crying and moaning only

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Field Assessment and Treatment:
1. Initial Contact and Triage
   a. How long did it take response personnel to contact you? _______
   b. How long did it take response personnel to begin decontaminating you? _______
   c. Were you examined on the scene more than once? ☐ Yes ☐ No
d. Whom did you talk to, or whom were you assessed by (list all)?
   ☐ Fire ☐ EMS ☐ Police ☐ Other
   e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red
   ☐ Black ☐ Never received a tag
   f. What actions did response personnel take as a result of their assessment of your condition?

2. Treatment:
   a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
   b. If conscious, were you given clear instructions? ☐ Yes ☐ No
   c. What treatment was given?

3. Did you observe any outstanding actions among the response personnel you observed?

Hospital (if applicable)
1. Which hospital did you go to? _______________
2. Once at the hospital, how long was it until someone examined you?
   ☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes
   ☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?

DO NOT LOSE THIS CARD!
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A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Thank you for your participation!
EXERCISE “VICTIM” SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: ________

VISIBLE SYMPTOMS:

Child moving only one side of body
Visible head injury on opposite side
Dead, gray and reddened skin in exposed areas

PHYSICAL FINDINGS:

Resp: 32 and erratic
Lungs clear
Pulse: 64
BP: 160/90

OTHER PATIENT INFORMATION:

Unresponsive
Unable to follow commands
Moaning only

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Field Assessment and Treatment:
1. Initial Contact and Triage
   a. How long did it take response personnel to contact you? _______
   b. How long did it take response personnel to begin decontaminating you? _______
   c. Were you examined on the scene more than once? ☐ Yes ☐ No
   d. Whom did you talk to, or whom were you assessed by (list all)?
      ☐ Fire ☐ EMS ☐ Police ☐ Other
   e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red
      ☐ Black ☐ Never received a tag
   f. What actions did response personnel take as a result of their assessment of your condition?

2. Treatment:
   a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
   b. If conscious, were you given clear instructions? ☐ Yes ☐ No
   c. What treatment was given?

3. Did you observe any outstanding actions among the response personnel you observed?

Hospital (if applicable)
1. Which hospital did you go to?  _______________________
2. Once at the hospital, how long was it until someone examined you?
   ☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes
   ☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?

DO NOT LOSE THIS CARD!
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A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Thank you for your participation!
EXERCISE “VICTIM”
SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: ________

VISIBLE SYMPTOMS:

Young child with shrapnel protruding from right posterior chest area, bleeding profusely
Complaints of severe back pain
Burns on back of both hands, soot evident on lips
Raspy voice, trachea deviated and neck veins distended
Extremely pale and sweating

PHYSICAL FINDINGS:

Resp: 32, shallow obvious respiratory distress
Pulse: 160
BP: 82/62

OTHER PATIENT INFORMATION:

Aware; knows name and location only
Unable to walk

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Field Assessment and Treatment:

1. Initial Contact and Triage
   a. How long did it take response personnel to contact you? _______
   b. How long did it take response personnel to begin decontaminating you? _______
   c. Were you examined on the scene more than once? □ Yes □ No
   d. Whom did you talk to, or whom were you assessed by (list all)? □ Fire □ EMS □ Police □ Other
   e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? □ Green □ Yellow □ Red □ Black □ Never received a tag
   f. What actions did response personnel take as a result of their assessment of your condition?

2. Treatment:
   a. If conscious, did someone explain your treatment? □ Yes □ No
   b. If conscious, were you given clear instructions? □ Yes □ No
   c. What treatment was given?

3. Did you observe any outstanding actions among the response personnel you observed?

Hospital (if applicable)

1. Which hospital did you go to?

2. Once at the hospital, how long was it until someone examined you?
   □ Less than 5 minutes □ 5 minutes □ 10 minutes □ 15 minutes □ Over 15 minutes □ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?

DO NOT LOSE THIS CARD!
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A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Thank you for your participation!
EXERCISE “VICTIM” SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: ________

VISIBLE SYMPTOMS:

Child on ground, not moving
Shrapnel on face and body
Dead, gray and reddened skin areas on both arm
Both legs pinned

PHYSICAL FINDINGS:

Resp: 28 and shallow
Audible gurgling
Pulse: 134
BP: 92/64

OTHER PATIENT INFORMATION:

Unresponsive
Unable to follow commands
Moaning only

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Field Assessment and Treatment:
1. Initial Contact and Triage
   a. How long did it take response personnel to contact you? _______
   b. How long did it take response personnel to begin decontaminating you?
   c. Were you examined on the scene more than once? □ Yes □ No
   d. Whom did you talk to, or whom were you assessed by (list all)?
      □ Fire □ EMS □ Police □ Other
   e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? □ Green □ Yellow □ Red □ Black □ Never received a tag
   f. What actions did response personnel take as a result of their assessment of your condition?

2. Treatment:
   a. If conscious, did someone explain your treatment? □ Yes □ No
   b. If conscious, were you given clear instructions? □ Yes □ No
   c. What treatment was given?

3. Did you observe any outstanding actions among the response personnel you observed?

Hospital (if applicable)
1. Which hospital did you go to? ______________________
2. Once at the hospital, how long was it until someone examined you?
   □ Less than 5 minutes □ 5 minutes □ 10 minutes □ 15 minutes
   □ Over 15 minutes □ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?

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A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Thank you for your participation!
EXERCISE “VICTIM”
SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: ________

VISIBLE SYMPTOMS:

Child on ground, not moving
Large piece of shrapnel protruding from right thigh with red inflamed area surrounding it
Dead, gray and reddened skin areas on both arms

PHYSICAL FINDINGS:

Resp: 28; audible crackling and wheezing
Pulse: 142
BP: 80/50

OTHER PATIENT INFORMATION:

Responsive
Follows commands
Oriented but anxious
Unable to walk

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Field Assessment and Treatment:
1. Initial Contact and Triage
   a. How long did it take response personnel to contact you? _______
   b. How long did it take response personnel to begin decontaminating you?
   c. Were you examined on the scene more than once? □ Yes □ No
   d. Whom did you talk to, or whom were you assessed by (list all)?
      □ Fire □ EMS □ Police □ Other
   e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? □ Green □ Yellow □ Red □ Black □ Never received a tag
   f. What actions did response personnel take as a result of their assessment of your condition?
      __________________________________________________________
      __________________________________________________________
      __________________________________________________________

2. Treatment:
   a. If conscious, did someone explain your treatment? □ Yes □ No
   b. If conscious, were you given clear instructions? □ Yes □ No
   c. What treatment was given?
      __________________________________________________________
      __________________________________________________________
      __________________________________________________________

3. Did you observe any outstanding actions among the response personnel you observed?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Hospital (if applicable)
1. Which hospital did you go to?
   __________________________________________________________

2. Once at the hospital, how long was it until someone examined you?
   □ Less than 5 minutes □ 5 minutes □ 10 minutes □ 15 minutes
   □ Over 15 minutes □ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

DO NOT LOSE THIS CARD!
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Thank you for your participation!
EXERCISE “VICTIM” SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: ________

VISIBLE SYMPTOMS:

Child on ground, not moving
Large shrapnel piece protruding from right lower abdominal quadrant with red inflamed area surrounding it
Glistening and reddened skin areas on face and both arms

PHYSICAL FINDINGS:

Resp: 6 and shallow; no audible breath sounds
Pulse: 160
BP: 70/56

OTHER PATIENT INFORMATION:

Unresponsive
Does not respond to verbal commands
Moaning only
Unable to walk

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Field Assessment and Treatment:

1. Initial Contact and Triage
   a. How long did it take response personnel to contact you? _______
   b. How long did it take response personnel to begin decontaminating you? _______
   c. Were you examined on the scene more than once? Yes ☐ No ☐
   d. Whom did you talk to, or whom were you assessed by (list all)?
      □ Fire □ EMS □ Police □ Other
   e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? □ Green □ Yellow □ Red
      □ Black □ Never received a tag
   f. What actions did response personnel take as a result of their assessment of your condition?

2. Treatment:
   a. If conscious, did someone explain your treatment? Yes ☐ No ☐
   b. If conscious, were you given clear instructions? Yes ☐ No ☐
   c. What treatment was given?

3. Did you observe any outstanding actions among the response personnel you observed?

Hospital (if applicable)

1. Which hospital did you go to?

2. Once at the hospital, how long was it until someone examined you?
   □ Less than 5 minutes □ 5 minutes □ 10 minutes □ 15 minutes
   □ Over 15 minutes □ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?

DO NOT LOSE THIS CARD!
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A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Thank you for your participation!
Date of Exercise: [MM/DD/YYYY] Casualty #: ________

VISIBLE SYMPTOMS:

Child on ground, not moving  
Large piece of metal laying across both lower extremities  
Dark, blackened areas of anterior abdomen  
Bruise on right forehead

PHYSICAL FINDINGS:

Resp: 32 and shallow  
Audible wheezing  
Pulse: 144  
BP: 74/58

OTHER PATIENT INFORMATION:

Unresponsive  
Unable to follow commands  
Moaning only  
Unable to walk

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Field Assessment and Treatment:

1. Initial Contact and Triage
   a. How long did it take response personnel to contact you? _______
   b. How long did it take response personnel to begin decontaminating you? _______
   c. Were you examined on the scene more than once?  □ Yes  □ No
   d. Whom did you talk to, or whom were you assessed by (list all)?  □ Fire  □ EMS  □ Police  □ Other
   e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you?  □ Green  □ Yellow  □ Red  □ Black  □ Never received a tag
   f. What actions did response personnel take as a result of their assessment of your condition?

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. Treatment:
   a. If conscious, did someone explain your treatment?  □ Yes  □ No
   b. If conscious, were you given clear instructions?  □ Yes  □ No
   c. What treatment was given?

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. Did you observe any outstanding actions among the response personnel you observed?

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Hospital (if applicable)

1. Which hospital did you go to?

2. Once at the hospital, how long was it until someone examined you?  □ Less than 5 minutes  □ 5 minutes  □ 10 minutes  □ 15 minutes  □ Over 15 minutes  □ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?

________________________________________________________
________________________________________________________
________________________________________________________

DO NOT LOSE THIS CARD!
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Thank you for your participation!
EXERCISE “VICTIM” SYMPTOMATOLOGY TAG
Date of Exercise: [MM/DD/YYYY] Casualty #: ________

VISIBLE SYMPTOMS:

Child on ground, not moving
Large shrapnel piece protruding from right upper arm with red inflamed area surrounding it
Swollen eyes with scalp bleeding
Dead, gray and reddened skin areas on face

PHYSICAL FINDINGS:

Resp: 8 and shallow, audible wheezing
Pulse: 136
BP: 124/86

OTHER PATIENT INFORMATION:

Unresponsive
Unable to follow commands
Moaning only
Unable to walk

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Field Assessment and Treatment:
1. Initial Contact and Triage
   a. How long did it take response personnel to contact you? _______
   b. How long did it take response personnel to begin decontaminating you? _______
   c. Were you examined on the scene more than once? [ ] Yes [ ] No
   d. Whom did you talk to, or whom were you assessed by (list all)?
      [ ] Fire [ ] EMS [ ] Police [ ] Other [ ]
   e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? [ ] Green [ ] Yellow [ ] Red [ ] Black [ ] Never received a tag
   f. What actions did response personnel take as a result of their assessment of your condition?

2. Treatment:
   a. If conscious, did someone explain your treatment? [ ] Yes [ ] No
   b. If conscious, were you given clear instructions? [ ] Yes [ ] No
   c. What treatment was given?

3. Did you observe any outstanding actions among the response personnel you observed?

Hospital (if applicable)
1. Which hospital did you go to? ____________________________
2. Once at the hospital, how long was it until someone examined you? [ ] Less than 5 minutes [ ] 5 minutes [ ] 10 minutes [ ] 15 minutes [ ] Over 15 minutes [ ] I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?

DO NOT LOSE THIS CARD!
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Thank you for your participation!
VISITABLE SYMPTOMS:

Child with major crush injuries to lower abdomen; minimal movement of upper extremities only

PHYSICAL FINDINGS:

Resp: 10  
Pulse: 40  
BP: 70/40

OTHER PATIENT INFORMATION:

Unresponsive, does follow commands

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the Check-Out Station, at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Field Assessment and Treatment:
1. Initial Contact & Triage
   a. How long did it take response personnel to contact you? __________
   b. How long did it take response personnel to begin decontaminating you? __________
   c. Were you examined on the scene more than once? ❑ Yes ❑ No
   d. Who did you talk to, or whom were you assessed by (list all)?
      ❑ Fire ❑ EMS ❑ Police ❑ Other __________
   e. If you received a multi-colored Triage Tag, what was the BOTTOM color when it was first given to you? ❑ Green ❑ Yellow ❑ Red ❑ Black ❑ Never received a Tag
   f. What actions did response personnel take as a result of their assessment of your condition?

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. Treatment:
   a. If conscious, did someone explain your treatment? ❑ Yes ❑ No
   b. If conscious, were you given clear instructions? ❑ Yes ❑ No
   c. What treatment was given?

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. Did you observe any outstanding actions among the response personnel you observed?

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Hospital (if applicable)
1. Which hospital did you go to? __________________________

   2. Once at the hospital, how long until someone examined you? ❑ Less than 5 minutes ❑ 5 minutes ❑ 10 minutes ❑ 15 minutes ❑ Over 15 minutes ❑ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

DO NOT LOSE THIS CARD!!
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!

Thank you for your participation
Apply another label here for additional exercise information -- Meal, Transportation, Check-Out, etc.