

SNFO

Emergency Incident Rehabilitation Form

Group Supervisor: _____

Incident#: _____

Date: _____

All of the following medical criteria MUST be met prior to being released to duty - Forward to Incident Commander--Incident Commander to attach to Fire Report

Medical Criteria:			q 10min	12-20	<100	<160/<100	<100.6	>95%	<5%	None @ Clear time	10-60 min
Unit	Name	Time IN	Time	R/R	H/R	B/P	Temp.	SpO2	SpCO	Medical Complaint	Time Clear