

Austin / Travis County EMS System Public Contact Register

<p>This form to be utilized as a means of accounting for one or more persons on the scene of an incident that neither report nor display any signs and/or symptoms of illness or injury.</p>	Incident Details
Responder Information	
First Responder Organization _____ FR Unit / Incident # _____ / _____ A-TCEMS Unit / Incident # _____ / _____ FR Lead Provider / ID _____ / _____ A-TCEMS Provider / ID _____ / _____	
Definition of a patient as stated in the Clinical Operating Guidelines Any human being that: <ul style="list-style-type: none"> Has a complaint suggestive of potential illness or injury Requests evaluation for potential illness or injury Has obvious evidence of illness or injury Has experienced an acute event that could reasonably lead to illness or injury Is in a circumstance or situation that could reasonably lead to illness or injury 	

#1

Person or Representative - Signature	Person or Representative - Print	Date of Birth	Date
Person's Name if Minor		Minor's Date of Birth	

#2

Person or Representative - Signature	Person or Representative - Print	Date of Birth	Date
Person's Name if Minor		Minor's Date of Birth	

#3

Person or Representative - Signature	Person or Representative - Print	Date of Birth	Date
Person's Name if Minor		Minor's Date of Birth	

#4

Person or Representative - Signature	Person or Representative - Print	Date of Birth	Date
Person's Name if Minor		Minor's Date of Birth	

#5

Person or Representative - Signature	Person or Representative - Print	Date of Birth	Date
Person's Name if Minor		Minor's Date of Birth	

Complete List

Continued on Reverse Side

Witness		
Witness - Signature (Must be of legal age)	Witness - Print	Date

Side 2

#6

Person or Representative - Signature	Person or Representative - Print	Date of Birth	Date
Person's Name if Minor		Minor's Date of Birth	

#7

Person or Representative - Signature	Person or Representative - Print	Date of Birth	Date
Person's Name if Minor		Minor's Date of Birth	

#8

Person or Representative - Signature	Person or Representative - Print	Date of Birth	Date
Person's Name if Minor		Minor's Date of Birth	

#9

Person or Representative - Signature	Person or Representative - Print	Date of Birth	Date
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#10

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#11

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#12

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Person's Name if Minor		Minor's Date of Birth	

#13

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Person's Name if Minor		Minor's Date of Birth	

#14

Person or Representative - Signature	Person or Representative - Print	Date of Birth	Date
Person's Name if Minor		Minor's Date of Birth	

#15

Person or Representative - Signature	Person or Representative - Print	Date of Birth	Date
Person's Name if Minor		Minor's Date of Birth	