- For a waiver, scan and attach this worksheet to the ePCR.
- Paper refusal authorized only when ToughBook unavailable.
- Affix 12-lead and/or ECG strips to back of form.

EMS Worksheet
Loudoun County Fire & Rescue

PATIENT INFORMATION (Affix Patient ID sticker below if available)				INCIDENT INFORMATION	
Last Name			M / F	Incident # 2 0 1	
First Name	Age	D.O.B.		Location:	
Home Street Address				Date:	Unit:
City	Place Hospital Chart Sticker Here			OIC:	
State ZIP				Crew:	

CHIEF COMPLAINT:	Impression:
Allergies:	Medications: ☐ see reverse

❒ None	❒ COPD	❒ GU/GI	❒ Hypotension	❒ Seizures	
❒ Asthma	❒ Develop Delay	❒ High Cholesterol	❒ Neuro	❒ Stroke/CVA	❒ Tuberculosis
❒ Canceer: __	❒ Diabetes	❒ HIV/AIDS	❒ Psych	❒ Substance Abuse	❒ Other:
❒ Cardiac	❒ Endocrine	❒ HTN	❒ Renal	❒ TUIA	

faTime	L.O.C.	Skin Temp Moisture Color	Pupils	Pulse	Resp Rate	Blood Pressure	Pulse Ox	CO2	EKG	Lung Sounds
	A V P U									
	A V P U									

Treatments:	Oxygen	Splinting	IV Therapy		EKG Therapy	Med Therapy
	❒ NRB	❒ Backboard/Collar	❒ IV	BSG 1	❒ 12-Lead	❒ ___________
Stroke Scale	❒ Cannula	❒ Board Splint	❒ IO	BSG 2	❒ DEFIB	❒ ___________
	❒ CPAP	❒ Other:	❒ Rate: __________		❒ Other:	❒ ___________

Refusal Checklist (Only Select One)	AMA/Release Checklist (Any "No", Consider Contact Medical Control.)		
❒ AGAINST MEDICAL ADVICE	Is the patient (or DDM) oriented to person, place, time, & event?	Yes	No
	Is the patient (or DDM) unimpaired by drugs or alcohol?	Yes	No
	Is the patient (or DDM) competent to refuse care?	Yes	No
❒ REFUSE SPECIFIC CARE	Has patient (or DDM) been advised that 911 can be reactivated?	Yes	No
	Have the risks and complications of refusal been discussed?	Yes	No
	Is the patient 18 YEARS OF AGE or emancipated?	Yes	No
❒ REQUEST RELEASE	No medical care or only BLS care rendered?	Yes	No

Waiver of Liability

I refuse treatment and/or transportation by the providing ambulance service. I assume responsibility for my own, my child's own, or any family member's medical treatment. I have been advised to seek the attention of a physician. I release the providing ambulance service, its employees, offices and directors from liability resulting from my own, my child's own, or any other family member's refusal of medical treatment or transportation.

Signature:	Person Signing:	Patient Left:
______________________________	☐ Patient ☐ Parent / Guardian ☐ Other	☐ Alone ☐ With Parent / Guardian: ______________ ☐ With Law Enforcement: ______________

NOTES/OTHER:	
Technician Signature: EMT- __	Agency:

MCI Barcode sticker

ALL DATA ON WORKSHEET MUST MATCH INFORMATION ENTERED INTO FIELD BRIDGE