

# EMT Output Report



Resort: Bear Mountain Ski Resort

Incident Number: 210218-0009

Date/Time: 02/18/2021 06:52 PM

## Injured Person

## Address

Name

null,

Gender: Age: DOB: **Invalid date**

Height: Weight:

Phone:

Cell:

## Medical

Corrective Lenses Needed / Worn /

Injured Description of Incident:

Injured Chief Complaint:

Meds:

Allergies:

Pre-Existing Conditions:

Medical History:

Last Meal:

## Injury History

Helmet Worn:

Unknown

## Injury

Possible Injuries

Injury Zones

Primary Zone

## Treatment



210218-0009

Exam/Possible Injury:	
Treatment:	

## Vitals

Time	Skin	Resp	Pupil Right	Pupil Left	Pulse	Pressure	MS-AVPU
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## Covid

Do you feel feverish or have you recently felt feverish?	Not Selected
In the past 24 hours have you had fever, chills, body aches, vomiting or diarrhea, or tiredness?	Not Selected
Any new or unusual cough, shortness of breath, headache or sore throat?	Not Selected
Any new loss of smell or taste?	Not Selected
To your knowledge, have you been within 6 feet of a Covid-19 positive patient for a prolonged period of time in the last 14 days?	Not Selected
Have you had direct contact with infectious secretions of a Covid patient while NOT wearing PPE, including a face mask or shield?	Not Selected
Have you tested positive for COVID-19 in the past 14 days?	Not Selected
Have you traveled within a state with significant community spread of COVID-19 for longer than 24 hours within the past 14 days?	Not Selected
Have you traveled outside the U.S. in the last month?	Not Selected
Has anyone in your family or household or living arrangement been diagnosed with COVID in the last 14 days?	Not Selected

Comments	
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