

Legend

Dataset Level: N National S State

Usage: M = Mandatory , R = Required , E = Recommended, or O = Optional

Attributes: N = Not Values, P = Pertinent Negatives , L = Nillable, and/or C = Correlation ID

eOther

0 : 1	eOther.01 - Review Requested	O
0 : M	eOther.02 - Potential System of Care/Specialty/Registry Patient	O C
1 : M	eOther.EMSCrewMemberGroup	C
0 : M	eOther.03 - Personal Protective Equipment Used	O C
0 : 1	eOther.04 - EMS Professional (Crew Member) ID	O
1 : 1	eOther.05 - Suspected EMS Work Related Exposure, Injury, or Death	N S R N, L
0 : M	eOther.06 - The Type of Work-Related Injury, Death or Suspected Exposure	S E N, L C
0 : M	eOther.07 - Natural, Suspected, Intentional, or Unintentional Disaster	O C
0 : 1	eOther.08 - Crew Member Completing this Report	S E N, L
0 : M	eOther.FileGroup	C
0 : 1	eOther.09 - External Electronic Documents	O
0 : 1	eOther.10 - File Attachment Type	O
0 : 1	eOther.11 - File Attachment Image	O
0 : M	eOther.SignatureGroup	C
0 : 1	eOther.12 - Type of Person Signing	O
0 : 1	eOther.13 - Signature Reason	O
0 : 1	eOther.14 - Type Of Patient Representative	O
0 : 1	eOther.15 - Signature Status	O
0 : 1	eOther.16 - Signature File Name	O
0 : 1	eOther.17 - Signature File Type	O
0 : 1	eOther.18 - Signature Graphic	O
0 : 1	eOther.19 - Date/Time of Signature	O
0 : 1	eOther.20 - Signature Last Name	O
0 : 1	eOther.21 - Signature First Name	O

eOther