

Legend

Dataset Level: N National S State D Deprecated

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

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|-------|--|--|
| 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 Document Type | 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 : M | 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