

Appendix I
Example 2. Vital Signs Monitoring Checklist
(U.S. Coast Guard National Strike Force)

ON-SITE MEDICAL MONITORING (ENTRY TEAM)

NAME: _____

CASE: _____ CASE NO.: _____

DATE: _____ EXPOSURE RISK: HIGH / MED / LOW

PROTECTIVE EQUIPMENT: _____

SUBSTANCE(S) INVOLVED: _____

CONCENTRATION/LENGTH OF EXPOSURE: _____

MEDICAL TESTING: _____

COMMENTS:

PRE-ENTRY MEDICAL MONITORING:

WEIGHT: _____ TEMPERATURE: _____ METHOD: _____

PULSE: _____ BP: SYSTOLIC _____ / DIASTOLIC _____ METHOD: _____

MONITORING CONDUCTED BY: _____

POST-ENTRY MEDICAL MONITORING:

WEIGHT: _____ TEMPERATURE: _____ METHOD: _____

PULSE: _____ BP: SYSTOLIC _____ / DIASTOLIC _____ METHOD: _____

MONITORING CONDUCTED BY: _____

SUPERVISOR (RO/RS) VERIFICATION:

NAME: _____

COMMENTS: