

Rehab Group

Name: _____

Date: _____

Time Entering Rehab: _____

Unit: _____

Age: _____ Gender: _____

CAO x 4? _____

Cooling/Warming measures provided: _____

Damages to gear _____

Hood Exchanged _____

Evaluator: _____

Time Leaving Rehab: _____

Time	Pulse	BP	RR	Temp	Oral Fluids (ml)	Nutrition	Other Measures

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