# Pinellas County Hazardous Materials Response Team

## Rehab Group Medical Worksheet

- **This form must be completed for ALL Rehab Group Activations.**

Rehab Leader: _____ Employee #: _____

| NAME | TIME | SCBA TIME | B/P | PULSE | RESP | TEMP | SKIN | TAKEN BY | CHIEF COMPLAINT/CONDITION | TRANS PORT |
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