

TACTICAL COMBAT CASUALTY CARE (TCCC) CARD

BATTLE ROSTER #: _____

EVAC: Urgent Priority Routine

NAME (Last, First): _____ LAST 4: _____

GENDER: M F DATE (DD-MMM-YY): _____ TIME: _____

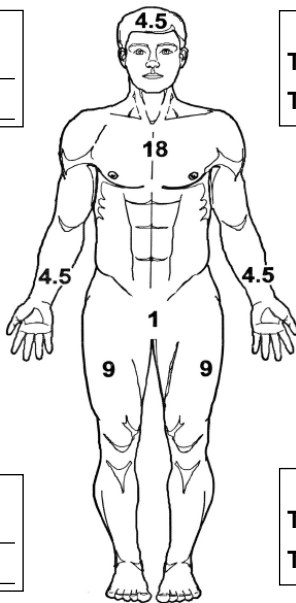
SERVICE: _____ UNIT: _____ ALLERGIES: _____

Mechanism of Injury: (X all that apply)

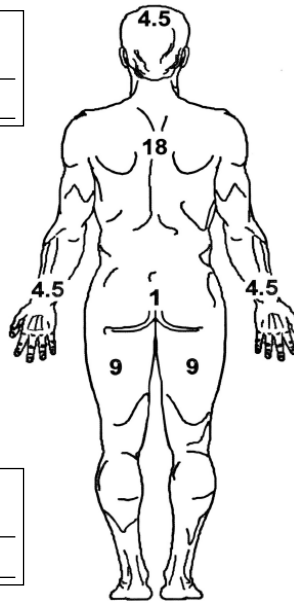
- Artillery Blunt Burn Fall Grenade GSW IED
 Landmine MVC RPG Other: _____

Injury: (Mark injuries with an X)

TQ: R Arm
 TYPE: _____
 TIME: _____



TQ: L Arm
 TYPE: _____
 TIME: _____



TQ: R Leg
 TYPE: _____
 TIME: _____

TQ: L Leg
 TYPE: _____
 TIME: _____

Signs & Symptoms: (Fill in the blank)

Time				
Pulse (Rate & Location)				
Blood Pressure	/	/	/	/
Respiratory Rate				
Pulse Ox % O2 Sat				
AVPU				
Pain Scale (0-10)				

