

# Record of Involvement

Jackson County, OR

## ACKNOWLEDGEMENT OF INFORMATION

1. Did not initiate the 9-1-1 call for medical care for themselves.
2. Is oriented to person, place time and situation.
3. Exhibits no visual evidence of:
  - Altered level of consciousness
  - Alcohol or drug ingestion that impairs judgement
  - Injury, illness of traumatic mechanism of injury that requires a formal assessment.
4. Has no verbal complaints of illness or injury.

If my condition changes, I have been advised to call 9-1-1 in an emergency, go to an emergency department in my area or contact my private doctor.

Agency: \_\_\_\_\_

Location of call: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Incident #: \_\_\_\_\_

Name (Please Print)	Age	Sex	Signature - person or responsible adult	Refusal to Sign
		M F		

Form completed by: \_\_\_\_\_ Witness: \_\_\_\_\_