

## EMD Medical Assistance Call Log

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ hrs Dispatcher: \_\_\_\_\_

Medical Problem: \_\_\_\_\_

SMO Followed:

\_\_\_\_\_

\_\_\_\_\_

Summary of Events:

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\_\_\_\_\_

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EMD Signature: \_\_\_\_\_