

# EMS NO TRANSPORT FORM

Patient #: 2 3 4 5

Incident Location: \_\_\_\_\_

Pt. Name: \_\_\_\_\_

Pt/ Report #: \_\_\_\_\_

Pt. Address: \_\_\_\_\_

Station #: \_\_\_\_\_

Pt. DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Type of Emergency: MVA Other:	B/P
If MVA, Pt. position in vehicle:	P
Observed Injuries:	R
Pt. Complaints:	Ambulatory? Y N

Narrative	
Unusual Circumstances	Assessment performed by:

**REFUSAL OF SERVICE:** I, the undersigned, hereby release the above named department and its personnel from any and all claims in connection with my refusal to accept transportation and/or medical service. Furthermore, the risks of refusing treatment and/or transport have been explained to me and I still refuse EMS medical care / transport.

**REHUSO DE SERVICIO -** Yo el que firmo aqui relevo el departamento nombrado arriba y su personnel de cualquier y todos los reclamos en coneccion con mi rehuso de aceptar transportacion y/o servicio medico. Los riesgos de rehusar tratamiento / transporte han sido explicados hacia mi y aun asi rehuso EMS cuidado medico / transporte.

Pt. Signature/Firma: \_\_\_\_\_ Date/Fecha: \_\_\_\_\_

Witness signature/Testigo: \_\_\_\_\_

**Print** witness name: \_\_\_\_\_

Reviewed by Station Captain

Station Captain's Signature \_\_\_\_\_

Please attach this form to the above referenced patient report form

5-7-01