# ACTOR INFORMATION CARD

EMS INFORMATION:

**Patient Number:**

## PATIENT INFORMATION:

**Name:**

**Age:**

**Gender:**

**Blood Pressure:**

**Heart Rate:**

**Respiratory Rate:**

**Temperature:**

**Weight (lb):**

**Weight (kg):**

**Chief Complaint:**

**History:**

## MEDICAL CENTER INFORMATION:

**Other:**

**Additional Information:**

**Medical Record Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fold/tear/cut along this line: Actor instructions**

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**Instructions:**

**Acting tips:**

**Diagnosis:**