



**TRAVIS COUNTY EMERGENCY SERVICES DISTRICT No. 2
PFLUGERVILLE FIRE DEPARTMENT
COMPANY REHAB – MEDICAL MONITORING**

UNIT: _____ **COMPANY OFFICER:** _____ **DATE:** _____ **TIME:** _____

Name	SCBA Cylinders	Exam Period	BP	Pulse	RESP	Temp	Skin	Pulse Ox/CO		Cooling/ Heating	Hydration/ Nourishment	Medical Complaints
	Consumed or Times in Rehab	Entry										
		10 Min										
		20 min										
		30 min										
Name	SCBA Cylinders	Exam Period	BP	Pulse	RESP	Temp	Skin	Pulse Ox/CO		Cooling/ Heating	Hydration/ Nourishment	Medical Complaints
	Consumed or Times in Rehab	Entry										
		10 Min										
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