

Good Neighbor Captain Disaster Report — Physical Injury

Date _____

*** Print using clear block letters ***

Preparer _____

Building No. _____ Cul-de-sac _____

Manor No.	Name	Bleeding	Burns	Broken Limbs	Fallen; Can't Rise	Medical (heart, oxygen, asthma)	Non-emergency Assist Needed	Injury Remarks

Miscellaneous remarks on reverse



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