

As a Medical
Screening team
member you:

Report any questions or prob-
lems to the Medical Screening
Lead:

Name: _____

NEVER leave your post to
approach this person

ALWAYS send your re-
quest in writing via a runner
(you have provided with ICS
Form 213 for this purpose)

Forms to familiarize yourself with:

ICS 213-This is a form you can give to a
runner to get a message to any of the peo-
ple who report to you

ICS 214-This is a place to record anything
you do so that the next Medical Screening
Team Member can keep informed of steps
that have already been taken

Drug Protocols Quick Sheet-Gives you sim-
ple choices that help you decide which sta-
tion patient should move on to

Medical History & Consent Form- This is
a form which you give to the patient to fill
out

Yolo County
Health Department

137 North Cottonwood Street
Woodland, CA 95695

Phone: 530-666-8645
Fax: 530-666-3984



Yolo County
Health
Department

**Medical
Screening
Team**

**Quick
Reference
Guide**

Investing in our
Community's Future

