

|                         |                   |                         |                    |                        |
|-------------------------|-------------------|-------------------------|--------------------|------------------------|
| Traumatic Injuri        | Allergic Reaction | Abdominal Pain          | Choking            | Overdose/<br>Poisoning |
| Flu-Like Symptoms       | Burn              | Stabbing/<br>Gunshot    | Heat/Cold Exposure | Sick Call              |
| Assault                 | Entrapment        | Inter-Facility Transfer | Breathing Problems | Eye Problem            |
| Psychiatric/<br>Suicide | Fall              | MVC                     | Seizure            | Drowning               |
| Diabetic Problem        | HazMat            | Back Pain               | Heart Problem      | Animal Bite            |

|                        |                      |                          |                    |                         |
|------------------------|----------------------|--------------------------|--------------------|-------------------------|
| Sick Call              | Back Pain            | Pregnancy/<br>Childbirth | Entrapment         | Assault                 |
| Eye Problem            | Stabbing/<br>Gunshot | Allergic Reaction        | Traumatic Injuri   | Heat/Cold Exposure      |
| Overdose/<br>Poisoning | HazMat               | Inter-Facility Transfer  | Animal Bite        | Heart Problem           |
| Burn                   | Choking              | Hemorrhage               | Unconscious (Near) | Psychiatric/<br>Suicide |
| Breathing Problems     | MVC                  | Abdominal Pain           | Flu-Like Symptoms  | Stroke                  |

|                                  |                                               |                                    |                                |                              |
|----------------------------------|-----------------------------------------------|------------------------------------|--------------------------------|------------------------------|
| <b>Back<br/>Pain</b>             | <b>Unknown<br/>Problem<br/>(Man<br/>Down)</b> | <b>Unconscious<br/>(Near)</b>      | <b>Burn</b>                    | <b>Animal<br/>Bite</b>       |
| <b>Pregnancy/<br/>Childbirth</b> | <b>Heat/Cold<br/>Exposure</b>                 | <b>Chest<br/>Pain</b>              | <b>Allergic<br/>Reaction</b>   | <b>Traumatic<br/>Injurie</b> |
| <b>Flu-Like<br/>Symptoms</b>     | <b>Breathing<br/>Problems</b>                 | <b>Inter-Facility<br/>Transfer</b> | <b>Overdose/<br/>Poisoning</b> | <b>Eye<br/>Problem</b>       |
| <b>Choking</b>                   | <b>Heart<br/>Problem</b>                      | <b>Entrapment</b>                  | <b>Diabetic<br/>Problem</b>    | <b>MVC</b>                   |
| <b>Stroke</b>                    | <b>Cardiac<br/>Arrest</b>                     | <b>Psychiatric/<br/>Suicide</b>    | <b>Fall</b>                    | <b>Abdominal<br/>Pain</b>    |