



**Description:**

**Quantity:**

- NCR Forms:
  - Hearing Referral \_\_\_\_\_
  - Vision Referral \_\_\_\_\_
  - Spinal Referral \_\_\_\_\_
  - Medical Referral \_\_\_\_\_
  - Impairment Assessment \_\_\_\_\_
  - Routing Sheet \_\_\_\_\_
  - Casualty log \_\_\_\_\_
  - Eligibility Report \_\_\_\_\_
- Clinic Referral Forms \_\_\_\_\_
- Plastic Bags (Red) \_\_\_\_\_

**Other items:**

- |   |   |
|---|---|
| <input type="checkbox"/> Airways, set of 6                          | <input type="checkbox"/> Glucometer                   |
| <input type="checkbox"/> Aspirin (individual packet)                | <input type="checkbox"/> Infection Control Stickers   |
| <input type="checkbox"/> Battery for AED with Adult Pads            | <input type="checkbox"/> Needles, _____               |
| <input type="checkbox"/> Book, Drug Handbook                        | <input type="checkbox"/> Normal Control               |
| <input type="checkbox"/> Book, Merck Manual                         | <input type="checkbox"/> Otoscope                     |
| <input type="checkbox"/> Book, Non-prescription drug reference      | <input type="checkbox"/> Plastic Wrap                 |
| <input type="checkbox"/> Book, Prescription drug reference          | <input type="checkbox"/> Ambu Resuscitator            |
| <input type="checkbox"/> Book, Taber's Medical Dictionary           | <input type="checkbox"/> Scales with measuring rod    |
| <input type="checkbox"/> Bulb, Replacement for Welch Allyn Otoscope | <input type="checkbox"/> Skin closures                |
| <input type="checkbox"/> Child Pads for AED                         | <input type="checkbox"/> Syringe 3cc with 5/8" needle |
| <input type="checkbox"/> Crutches, youth                            | <input type="checkbox"/> Syringe 3cc with 1" needle   |
| <input type="checkbox"/> Crutches, adult                            | <input type="checkbox"/> Test strips, Multistix 7     |
| <input type="checkbox"/> Duct Tape                                  | <input type="checkbox"/> Thermometers, digital        |
| <input type="checkbox"/> Forceps, splinter                          | <input type="checkbox"/> Triage Vests                 |
| <input type="checkbox"/> Irrigating/Suction Syringe                 | <input type="checkbox"/> Wheel chair                  |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date