GEORGIA STATE DEFENSE FORCE MEDICAL TREATMENT LOG

DATE: _____/_____/_____ **MISSION:** _____ **UNIT:** _____ **LOCATION:** _____ **PAGE:** ____ **OF** _____

INCIDENT #	TIME	INJURY TYPE	TREATMENT	MIL/CIV	DISP	MEDIC

MISSION SR MEDIC: _____ **DATE:** _____

MED REVIEW: _____ **DATE:** _____

MEDICAL OIC REVIEW: _____ **DATE:** _____

MED 11-10