UPM UNIVERSITI PUTRA MALAYSIA BERILMU BERBAKTI	**OPERASI PERKHIDMATAN SOKONGAN** **PUSAT KESIHATAN UNIVERSITI** **Kod Dokumen: PKU/BR09/PKC**
	BORANG LAPORAN PANGGILAN KECEMASAN

CALL INFORMATION	**PATIENT INFORMATION**	**RECEIVE CALL INFORMATION**
Date: _____ Time: _____: Name: _____ Phone no: _____ Location: _____ _____ Complaint: _____ _____ _____	Gender: M/F Name: _____ Matric no/Staff /IC: _____ Phone No: _____ Address: _____ _____ _____ _____	Name: _____ Ambulance: _____ PPK: _____ Driver: _____ Time out: ____On Scene: _____ Leave Scene: _____ At Hospital/PKU: _____

PRIMARY SURVEY:

VITAL SIGN

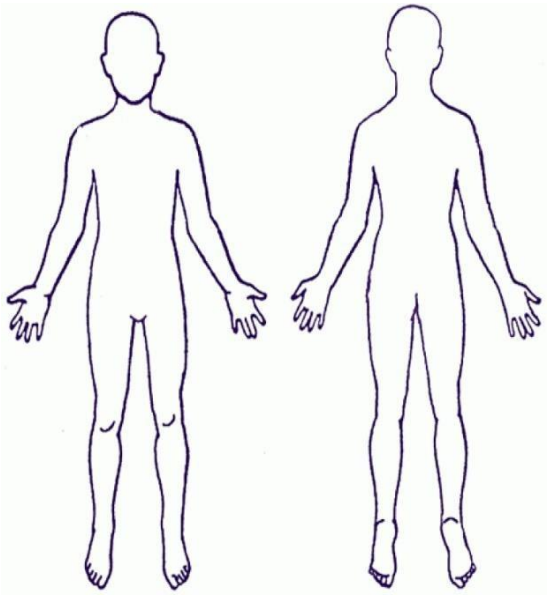
BP: _____ Pulse Rate: _____SPO2: _____ GCS: _____/_____

Temp: _____ RR: _____

Eye___ /4

Verbal ___/5

Motor____ /6



MANAGEMENT:

Signature: .....

Name:

NO EDISI : 01
TARIKH KEMASKINI : 11/02/2026