

## Annex N – AFTER-ACTION MEDICAL REPORTING

### N.1 MEDICAL EXAMINATION AFTER-ACTION REPORT (EXAMPLE)

#### NLW AFTER ACTION MEDICAL REPORT – Page 1

Report Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name of Individual Examined: \_\_\_\_\_  
 Name of Reporting Official: \_\_\_\_\_  
 Nature of Incident: \_\_\_\_\_  
 Suggested Area of Injury: \_\_\_\_\_  
 Date and Time of – Incident: \_\_\_\_\_ Examination: \_\_\_\_\_

Note: For each relevant topic, make comments and/or rate symptoms from 1 (barely detectable) to 10 (severe); blank or “N/A” indicates no examination performed

#### Cerebral or neural symptoms

Warmth/burn:
Weakness
Headache:
Fasciculation /tremor:
Balance disturbance:
Nausea:
Vomiting:
Fatigue
Consciousness
Mental performance
Emotion: Anxious, Angry
Paralysed
Confused or Disoriented:
Deep tendon reflexes
Babinski
Motor coordination
Muscle weakness
EEG

#### Ophthalmologic examination

Conjunctiva/Cornea lesions/burns:
Visual acuity without correction: Right: /10 Left: /10
Visual acuity with correction: Right: /10 Left: /10
Visual acuity before current incident:
Lenses and retina (fundus after dilation)
Nystagmus:
Convergence:
Pupils: Size: _____ Reaction to Light: _____
Field of vision:

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Report Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional physical examination:**

<b>Ears:</b>
Tympanic membrane
Blood in the auditory canal?
<b>Mouth and throat:</b>
<b>Heart:</b>
Blood pressure:
Cardiac frequency:
Cardiac rhythm:
Chest pain:
ECG
<b>Respiratory:</b>
Respiration frequency:
Respiration difficulties or pain:
Coughing: Dry? Productive?
<b>Abdomen:</b>
Abdominal pain:
Diarrhoea
Dyspepsia
<b>Skin:</b>
Rash or eruption
Colour
Sweating
Injuries
Burns
<b>Urine analysis:</b>
<b>Blood analysis:</b>

**Additional comments:**