Assessment conducted by: _____Date: _____Time: _____

Report Given to: _____Date: _____Time: _____

Approximate Number of Evacuees: _____

Access and Functional Needs Rapid Assessment Tool - Summary

Communication Issues	Red	Yellow	Green	Notes
☐ Unable to make needs known ☐ Unable to carry on a conversation ☐ Reduced ability to speak, see, or hear ☐ Limitations in understanding current situation ☐ Language barriers(reduced or no ability to speak/read/understand English)				
Total Communication Issues				
Medical Issues	**Red**	**Yellow**	**Green**	**Notes**
☐ Medication concerns, intravenous (IV) therapy, tube feeding, monitoring of vital signs ☐ Experiencing some physical symptoms like shortness of breath, chest pain, or other potentially life or limb threatening signs or symptoms ☐ Dialysis, oxygen, suction administration ☐ Operating power-dependent equipment to sustain life				
Total Medical Issues				
Functional Independence Needs	**Red**	**Yellow**	**Green**	**Notes**
☐ Lives with caregiver who is not present ☐ Uses adaptive equipment and does not have it with them or it is not functioning properly				
Total Functional Independence Needs				
Supervision Needs	**Red**	**Yellow**	**Green**	**Notes**
☐ Lack of adequate support ☐ Disoriented ☐ Memory impaired ☐ Decompensating due to stress of				

Boulder County Evacuation Triage Rapid Assessment Tool   *OVER to pg. 2!!*

	Red	Yellow	Green	Notes
situation				
☐ Wandering behavior				
☐ Apparently unaccompanied children				
☐ Intoxication				
☐ Out of control behavior				
☐ Appears distraught				
Total Supervision Needs				
Other Issues (Please Describe	**Red**	**Yellow**	**Green**	**Notes**