



JOHN MCGINNESS
SHERIFF

SACRAMENTO REGIONAL MEDICAL RESERVE CORPS



Date _____

Event _____

Location _____

Medical Hand-out Log

I acknowledge that I have requested a minor medical item that is readily available over-the-counter, and that I do not wish to be examined or treated by medical personnel at this time.

#	Time	Name	City, State	Signature	Item received	Staff

Page ____ of ____

Reviewed by (print and sign) _____