

Stowaway Medical Assessment Checklist

Stowaway Details

Name:

Date of assessment:

Location:

Assessed by:

General Observation

Appearance:

Level of consciousness:

Mobility:

Communication ability:

Vital Signs

Temperature (°C):

Pulse (bpm):

Respiratory Rate (/min):

Blood Pressure (mmHg):

O2 Saturation (%):

Checklist

- ☐ Signs of dehydration
- ☐ Signs of malnutrition
- ☐ Injury/wounds present
- ☐ Signs of infection/fever
- ☐ Signs of distress or mental health concern

Summary / Comments

Action Taken / Referral