



Complete form and return to:

e-mail: brenda.jackson@nebraska.gov



MEDI-TEDI Service Request Card

Male: _____ Female: _____ Age: _____ Date: _____

Service: _____

Contact: _____ Phone: _____

Street Address: _____

City: _____ Zip: _____ County: _____

Type of Incident:

Auto Accident:

Seatbelt	Yes	No
Child Restraint	Yes	No

Bicycle Accident:

Involved with Auto	Yes	No
Helmet	Yes	No

Motorcycle:

Helmet	Yes	No
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Poisoning:

Child Abuse:

Physical Abuse	Yes	No
Sexual	Yes	No
Neglect	Yes	No

Near Drowning:

Illness: Type: _____

Farm Accident:

ATV:

Helmet	Yes	No
3 - Wheel		4 - Wheel

Fall:

Burn:

Heat	Chemical	Electrical
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Gunshot:

Other: _____

Please contact the Emergency Health Systems office 402-471- 0790 or your regional EMS Specialist with any questions regarding the Medi-Tedi Program