**EFMB Test Score Sheet**

**TCCC — SUBMIT TACTICAL COMBAT CASUALTY CARE (TCCC) CARD**  
(For use of this form, see AMEDDC&S HRCOE Pam 350-10, the proponent is MCCS-OPE)

<table>
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<tr>
<th>CANDIDATE’S RANK AND NAME</th>
<th>CANDIDATE #</th>
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**TASK:** SUBMIT TACTICAL COMBAT CASUALTY CARE (TCCC) CARD.

**CONDITIONS:** Given a trauma casualty in a simulated combat environment. Correctly document all injuries. You have a pen and Tactical Combat Casualty Care (TCCC) Card, DD Form 1380.

**STANDARDS:** Submit Tactical Combat Casualty Care (TCCC) Card, DD Form 1380, using the correct format and content.

**NOTE:** THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

**PERFORMANCE STEPS/MEASURES**

**NOTE:** The Tactical Combat Casualty Care (TCCC) Card will be completed with TCCC- Patient Assessment casualty.

1. Initiate documentation using the DD Form 1380 on each casualty
   - a. Enter the casualty’s battle roster number and evacuation category
   - b. Enter casualty’s Information: Name (Last, First), Last 4 SSN, Gender, Date, Time, Service, Unit, Allergies
   - c. Mechanism of Injury: Mark “X” to all that apply
   - d. Injury: Mark “X” to all that apply
   - e. Signs & Symptoms: Pulse, Blood Pressure, Respiratory Rate, Pulse Ox percentage, AVPU rating, Pain scale
   - f. List casualty’s battle roster number and evacuation category
   - g. Treatments: Mark “X” to all that apply (TQ, Dressing, Airway adjuncts, Breathing interventions, IV/Blood product replacement, Medications administered
   - h. Complete NOTES with additional medical information for casualty
     (1) Annotate AMPLE History
     i. List First Responder Name (Last, First), Last 4 SSN

2. Attach the correctly completed TCCC Card to each casualty.

3. Complete all required performance steps/measures.

4. Met all administrative requirements for this task

**REASON(S) FOR FAILURE**

DOES THE CANDIDATE WITH TO REBUT THIS TASK?  
(Candidate initials appropriate block)  
YES NO

**LANE OIC/NCOIC INITIALS**

**EVALUATOR’S SIGNATURE**

**DATE**

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