



Broward County  
**OFFICE OF MEDICAL EXAMINER AND TRAUMA SERVICES**  
Trauma and EMS Section

**ALS/BLS PERSONNEL**

Name of Service: \_\_\_\_\_

Date: \_\_\_\_\_

Last Name	First Name/M.I.	Paramedic (Y/N)	EMT (Y/N)	Driver (Y/N)	Certificate(s) Number