TRACKING SHEET - (TABLE VIII)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

SOLDIER *(Last Name, First Name, MI)*	**RANK**	**UNIT**

MEDIC TABLES	**VALIDATED SKILLS PROFICIENCY**			
I Trauma Assessment and Treatment Skills	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____
II Airway Assessment and Skills	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____
III Intravenous Access/ Medication Administration Skills	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____
IV Medical Assessment and Treatment Skills	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____
V Triage and Evacuation Skills	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____
VI CPR Management Skills	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____
VII Obstetrics, Gynecology and Pediatric Skills	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____
VIII Validation Test	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____	☐ PASS ☐ FAIL DATE _____ *(YYYYMMDD)* INITIALS _____
IDENTIFY SKILL SHEETS REQUIRING RETRAINING				
NCOIC/OIC SIGNATURE				

NOTE: The Commander will indicate the Soldier can/cannot complete the MEDIC Tasks Requirement e.g., PCS, ETS, etc.