

TRACKING SHEET - (TABLE VIII)

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

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §3013

PRINCIPAL PURPOSE: To insure that test results are properly credited to the correct student. Maintain a permanent record of completion.

ROUTINE USE: This information will be used to monitor sustainment training IAW AR 350-41, AR 220-1, and MEDCOM 350-4.

DISCLOSURE: Mandatory. Failure to provide the requested information may result in a loss of credit for taking the test and a repeat of the test to make up that credit.

SOLDIER <i>(Last Name, First Name, MI)</i>	RANK	SSN	UNIT	
SACMS-VT TABLES	VALIDATED SKILLS PROFICIENCY			
I Trauma Assessment, Control Bleeding, Treat for Shock, IV Therapy	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____
II Immobilization of Bone / Joint Injuries, Extraction	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____
III Non-Trauma Assessment	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____
IV Advanced & Basic Airway	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____
V CPR: (1 & 2 Rescuers)/AED	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____
VI NBC Medical Skills	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____
VII Evacuation	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____
VIII Validation Test	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____
IDENTIFY SKILL SHEETS REQUIRING RETRAINING				
NCOIC/OIC SIGNATURE				

NOTE: The Commander will indicate the soldier can/cannot complete the SACMS-VT Tasks Requirement e.g., PCS, ETS, etc.