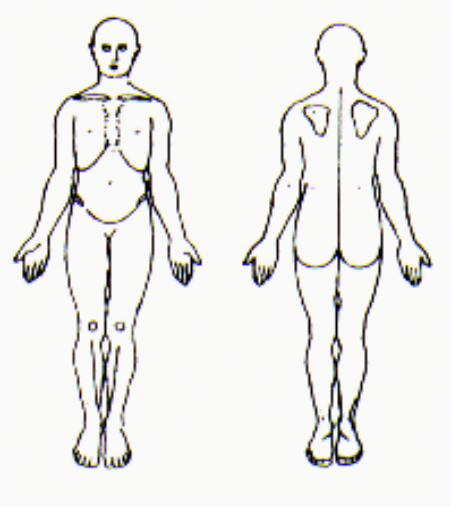
FIRST AID REPORT FORM

LOCATION:	**TIME:**	**DATE:**	
CASUALTY SURNAME: **GIVEN NAMES:**	**TITLE:**	**D.O.B.:**	**SEX:** M / F
ADDRESS:		**P/CODE:**	

PATIENT ASSESSMENT & OBSERVATIONS



KEY

A – ABRASIONS
B – BURN
C – CONTUSION
D – DISCOLOURATION
F – FRACTURE
H – HAEMORRHAGE
L – LACERATION
P – PAIN
R – RIGIDITY
S – SWELLING
T - TENDERNESS

LEVEL OF CONSCIOUSNESS

TIME	FULLY CONSC.	CONFUSED DROWSY	UNCONS.

VITAL SIGNS

TIME	PULSE	RESPS.	PUPILS L	PUPILS R

CHIEF COMPLAINT / SYMPTOMS / SIGNS

FIRST AID GIVEN

❑ OXYGEN GIVEN

❑ DEFIBRILLATION GIVEN

GENERAL OBSERVATIONS

REFERRAL FOR CARE

❑ HOSPITAL (BY AMBULANCE)

❑ HOSPITAL (BY CAR)

❑ OWN DOCTOR

❑ CASUALTY REFUSED / DECLINED TO RECEIVE ANY FIRST AID WHEN OFFERED

ATTENDING FIRST AIDER'S NAME & SIGNATURE

NAME: **SIGNATURE:**