

First Aid Treatment Record

Name of injured person:			
Date of Birth:		Sex: (please circle)	Male Female
Phone (Work):		Phone (Home):	
Occupation:		Work Section:	
Any known illness and/or medications:			
Incident details			
Nature of injury/illness:(for example: sprain, burn, laceration)			
Part of body injured or illness:			
Date of Incident:	/ /	Time:	am / pm
Location of Incident:			
What job was being done?			
How the injury/illness occurred:			
Name/s of any witnesses:			
First aid management			
Details of first aid given:			
Any medical treatment:(for example: doctor, hospital, ambulance)			
First Aid stock used:			
Name of person administering first aid:			
Work title:		Work section:	
Signature:		Date:	
Any subsequent injury management:			