

START HERE ↗

FIRST AID REPORT FORM

INITIAL RAPID CHECK:

___ **CONSCIOUS?**

___ **AIRWAY?**

___ **BREATHING?**

___ **CIRCULATION?** (Pulse, Severe bleeding, Shock) | **TIME:**

FINDINGS

ASK WHAT HAPPENED:

ASK WHERE IT HURTS:

Level of Consciousness: **A V P U**

PULSE:

RESPIRATION:

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HEAD: Scalp—Wounds, Deformity

Ear, Nose—Fluid, Blood

Eyes—Pupils

Jaw—Stability

Mouth—Wounds

NECK: Wounds, Deformity

CHEST: Movement, Symmetry

ABDOMEN: Wounds, Rigidity

PELVIS: Stability

EXTREMITIES: Wounds, Deformity

Sensation & Movement

Pulses Below Injury

BACK: Wounds, Deformity

SKIN: Color

Temperature

Moistness

Allergies:

Medications:

Pertinent Medical History (MEDICAL ID?):

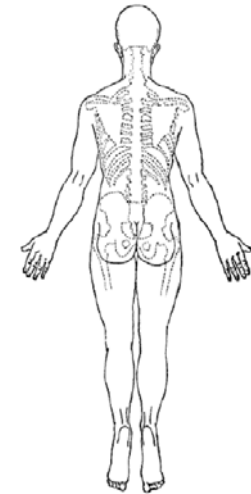
Last Intake, Output (time):

Events leading to incident:

VICTIM'S NAME

AGE:

FIRST AID GIVEN



DETACH HERE—KEEP THIS SECTION WITH VICTIM
DETACH HERE—SEND OUT WITH REQUEST FOR AID

RESCUE REQUEST

Fill Out One Form Per Victim

TIME OF INCIDENT

DATE:

AM/PM

NATURE OF INCIDENT:

FALL ON/IN: _____ STRUCK BY: _____

EXCESSIVE HEAT/COLD BURNS AMS/HAPE/CE

ILLNESS: SUDDEN/CHRONIC ANIMAL: _____

BRIEF DESCRIPTION OF INCIDENT:

INJURIES/PROBLEMS:
(List Most Severe first)

First Aid Given

SKIN TEMP/COLOR

STATE OF CONSCIOUSNESS

PAIN (Location)

RECORD:

INITIAL

DEPART

Time

Pulse

Respiration

Consciousness

NOTIFY (Name):

RELATIONSHIP

PHONE

ADDRESS

VICTIM'S NAME

AGE/DoB

