



FIRST AID RECORD

Date of injury: _____

Date Injury Reported: _____

Casualty

Name _____

Gender: _____ Age(approx.) _____

Description of the Injury or illness: _____

Description of where injury/illness occurred: _____

Cause of the Injury/Illness: _____

Scene Survey

Type of incident _____

Number of casualties _____
(use a separate form for each casualty)

Casualty responsiveness
 responsive unresponsive

Primary survey

Airway

- clear
- partly blocked
- completely blocked

Breathing

- yes effective ineffective
- no

Circulation

- Severe Bleed yes no
- Shock yes no

Secondary Survey

History

Symptoms _____

Allergies _____

Medications _____

Past medical history _____

Last meal _____

Events leading to incident _____

Vital signs

Time Taken	_____	_____	_____	_____
Level of consc.	_____	_____	_____	_____
Breathing rate	_____	_____	_____	_____
Breathing rhythm	_____	_____	_____	_____
Breathing depth	_____	_____	_____	_____
Pulse rate	_____	_____	_____	_____
Pulse rhythm	_____	_____	_____	_____
Pulse strength	_____	_____	_____	_____
Skin Cond./Temp	_____	_____	_____	_____

Head-to-toe examination

Head _____

Neck _____

Collarbones _____

Shoulders arms/hands _____

Chest and under _____

Abdomen and under _____

Pelvis and buttocks _____

Legs/feet _____

Describe first aid Provided

Name of First Aider: _____

First Aider qualifications

- Emergency First Aider
- Standard First Aider
- Advanced First Aider