

First Aid Report

Date _____

Location _____

First aider

Name _____

Address _____

City _____

Province _____ Postalcode _____

Telephonenumber _____

Casualty

Name _____

Address _____

City _____

Province _____ Postalcode _____

Telephonenumber _____

Male Female Age (approx.) _____

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
Pulse yes no
Severe bleeding 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 _____
Collar bones _____
Shoulders arms/hands _____
Chest and under _____
Abdomen and under _____
Pelvis and buttocks _____
Legs/feet _____

First aid given

Hand over to medical help

