

# FIRST AID RECORD

Sequence number \_\_\_\_\_

Date of injury or illness	Time of injury or illness
Name	Time and date reported
Occupation	

## Description of Injury or Report of Illness (what happened)


## Nature of Injury or Illness (signs and symptoms)


## Treatment(s)


First aid attendant's signature	First aid attendant's name <i>(please print)</i>
Patient's signature	
Name of witnesses	
1. _____	
2. _____	
3. _____	

## Referral of Case and Remarks (return to work/medical aid/ambulance)
