

**FIRST AID INCIDENT REPORT**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ Ambulance Requested: Y N

CASUALTIES NAME: \_\_\_\_\_ OVER 18? Y N

MEDICAL ALERT BRACELET? Y N DETAILS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NATURE OF INCIDENT OR INJURY:

**CASUALTIES HISTORY:**

WHAT HAPPENED?  
HOW DO YOU FEEL?  
DO YOU FEEL PAIN? WHERE?  
WHAT DOES IT FEEL LIKE?  
DO YOU HAVE ALLERGIES?  
ARE YOU ON MEDICATION?  
DO YOU HAVE A MEDICAL CONDITION?  
HAS THIS HAPPENED BEFORE?

**NOTE:** BREATHING  
PULSE  
RESPONSIVENESS  
PUPILS  
ODOUR

**LONG TERM HISTORY:**

HAVE YOU EATEN TODAY?  
WHAT DID YOU EAT LAST NIGHT?  
HAVE YOU SLEPT?  
HOW DID YOU FEEL EARLIER?  
WHAT WERE THE SYMPTOMS?  
HOW DID YOU TREAT YOURSELF?  
PHYSICAL ACTIVITY TODAY?  
EMOTIONAL STATE (STRESS)?

RESPONSE TEAM MEMBERS IN ATTENDANCE:

WHAT TREATMENT WAS GIVEN?

WHERE WAS THE CASUALTY FOUND/MOVED?

RECOMMENDATION FOR CASUALTY:

SEE A DOCTOR?

GO HOME?

REST?

FOLLOW UP REQUIRED? Y N

DETAILS OF FOLLOW UP AND PERSON INVOLVED

RESPONSE TEAM RECOMMENDATIONS: