

First Aid Report Form

INITIAL ASSESSMENT

Level of Consciousness (Circle One): **A V P U**

Respirations: _____

Pulse: _____

SAMPLE HISTORY

Signs and Symptoms: _____

Allergies: _____

Medications: _____

Past History: _____

Last Oral Intake: _____

Events Leading to Accident: _____

PHYSICAL EXAM (DOTS)

Head: _____

Neck: _____

Chest: _____

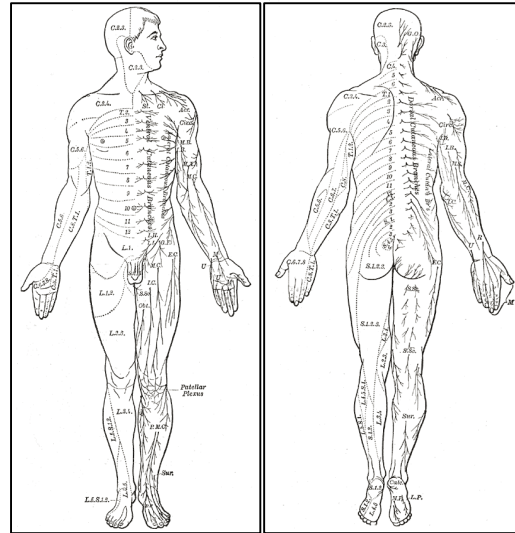
Abdomen: _____

Pelvis: _____

Extremities: _____

Back : _____

VITAL SIGNS



Date: ____/____/____

Time: _____ AM or PM (Circle One)

Victim's Name: _____

Male or Female (Circle One)

Age: _____

Phone Number: _____ - _____ - _____

City: _____

State: _____

Zip Code: _____

ADDITIONAL NOTES

<u>TIME</u>	<u>PULSE</u>	<u>RESP.</u>	<u>B/P</u>	<u>SKIN</u>	<u>TEMP.</u>	<u>AVPU</u>
			/			
			/			
			/			
			/			
			/			

FIRST AID GIVEN AND SUPPLIES ISSUED

Form completed by: _____