**FIRST AID RECORD**

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| --- |
| **INCIDENT DETAILS** |
| Name: |  |
| Position: |  |
| Date of Incident: |  |
| Time of Incident: |  |

**Description of how the injury or illness occurred (What happened?)**

**Description of the nature of injury or illness (What are the signs and symptoms?)**

**Description of the treatment given (What did you do?)**

**Name of witnesses**

|  |  |
| --- | --- |
| 1. | 2. |

**Arrangement(s) made relating to the worker (return to work/medical aid/ambulance/follow-up)**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First Aid Attendant) (Patient)