

First Aid Log Sheet

Date of injury or illness: _____
Day Month Year

Time: _____ AM
PM

Date injury or illness reported: _____
Day Month Year

Time: _____ AM
PM

Full name of injured person: _____

Description of the injury or illness:

Description of where the injury or illness occurred/began:

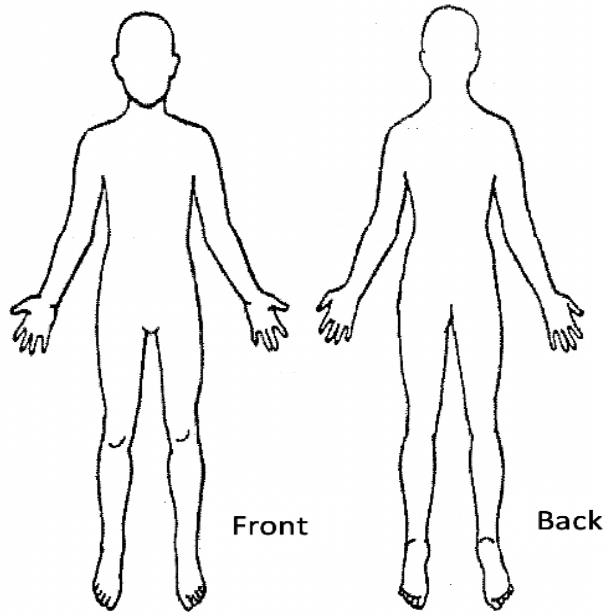
Cause of the injury:

Type of Injury / Illness:

Allergy	Fracture	Body Motion	Needle Stick	Transfer - Type:
Bite	Muscle Strain / Pull	Caught in Between	Overexertion	1 Person
Bruise	Pin	Contact by / with	Positioning	2 People
Burn	Puncture	Equipment:	Progressive	Mechanical
Crush	Respiratory Illness	Exposure to:	Slip / Trip	
Cut / Laceration	Scald	Fall	Emotional / Mental Health	

Other:

Location of injury/illness (please check/circle specified area on diagram):



First aid provided: Yes No

Describe first aid provided:

Recommendations:

First aider signature: _____

Date: _____