

**First Aid Log Sheet**

**Date of injury or illness:**  **Time:**  **­**  AM  **­**  PM

 Day / Month / Year

**Date injury or illness reported: Time**: **­**  AM  **­**  PM Day / Month / Year

**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

**­**  Bite

**­**  Bruise

**­**  Burn

**­**  Crush

 Cut/Laceration

**­**  Fracture

**­**  Muscle Strain / Pin

**­**  Pull

**­**  Puncture

**­**  Respiratory Illness

**­**  Scald

**­**  Body Motion

**­**  Caught in Between

 Contact with

 Equipment

**­**  Needle stick

**­**  Fall

**­**  Overexertion

**­**  Positioning

**­**  Progressive

**­**

 Slip / Trip

 Emotional /Mental

 Health

Transfer - Type:

  **­**  1 Person

  **­**  2 People

  **­**  Mechanical

 Other:

**Location of injury/illness:**

 **­**

**First aid provided: ­**  Yes  **­**  No

**Describe first aid provided:**

**Recommendations:**

**First aider signature:**

**Date:**