

**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:**