



First Aid Incident Report

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:

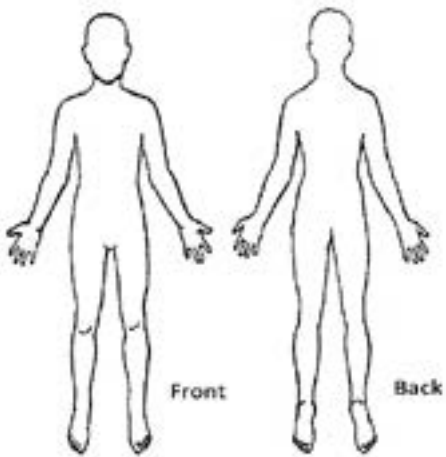
Cause of the injury:

Type of Injury / Illness:

- | | | | | |
|------------------|----------------------|-------------------|------------------------------|--|
| Allergy | Fracture | Body Motion | Needle Stick | Transfer - Type:
1 Person
2 People
Mechanical |
| Bite | Muscle Strain / Pull | Caught in Between | Overexertion | |
| Bruise | Pin | Contact by / with | Positioning | |
| Burn | Puncture | Equipment: | Progressive | |
| 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: _____