

# FIRST AID/ACCIDENT REPORT FORM

## START HERE

Always, Breathing, Circulation  
Initial Rapid Check  
(Chest Wounds, Severe Bleeding)

ASK WHAT HAPPENED:

ASK WHERE IT HURTS:

TAKE PULSE & RESPIRATIONS	PULSE	RESPIRATIONS
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HEAD - to - TOE EXAMINATION

**HEAD:** Scalp - Wounds  
Ears, Nose - Fluids  
Eyes - Pupils  
Jaw - Stability  
Mouth - Wounds

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**NECK:** Wounds, Deformity

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**CHEST:** Movement, Symmetry

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**ABDOMEN:** Wounds, Rigidity

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**PELVIS:** Stability

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**EXTREMITIES:** Wounds, Deformity  
Sensations & Movement  
Pulses Below Injury

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**BACK:** Wounds, Deformity

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**SKIN:** Color  
Temperature  
Moistness

STATE OF CONSCIOUSNESS

PAIN (Location)

LOOK FOR MEDICAL ID TAG

ALLERGIES

VICTIM'S NAME

COMPLETED BY

## FINDINGS

## FIRST AID GIVEN

AGE

DATE TIME

DETACH HERE - SEND OUT WITH REQUEST FOR AID  
TEAR HERE - KEEP THIS SECTION WITH THE VICTIM

## RESCUE REQUEST

Fill Out One Form Per Victim

TIME OF INCIDENT  
AM PM DATE

NATURE OF INCIDENT

FALL ON:  ROCK  SNOW  FALLING ROCK  
 GREVASSE  AVALANCHE  
 ILLNESS  EXCESSIVE  HEAT  COLD

BRIEF DESCRIPTION OF INCIDENT

INJURIES  
(List Most Severe First)

FIRST AID GIVEN

SKIN TEMP./COLOR:

STATE OF CONSCIOUSNESS:

PAIN (Location)

RECORD:

Time	Initial				When leave scene
Pulse					
Respiration					

VICTIM'S NAME

AGE

ADDRESS

NOTIFY (Name)

RELATIONSHIP

PHONE

OTHER COMMENTS:

