

# FIRST AID/ACCIDENT REPORT FORM

**START HERE** **FINDINGS** **FIRST AID GIVEN**

**Airway, 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
	NECK: Wounds, Deformity
	CHEST: Movement, Symmetry
	ABDOMEN: Wounds, Rigidity
	PELVIS: Stability
	EXTREMITIES: Wounds, Deformity Sensations & Movement Pulses Below Injury
	BACK: Wounds, Deformity
	SKIN: Color Temperature Moistness

STATE OF CONSCIOUSNESS

PAIN (Location)

LOOK FOR MEDICAL ID TAG

ALLERGIES

VICTIM'S NAME

COMPLETED BY

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		DATE
AM	PM	

**NATURE OF INCIDENT**

FALL ON       ROCK       SNOW       FALLING ROCK  
 CREVASSE       AVALANCHE  
 ILLNESS      EXCESSIVE       HEAT       COLD

**BRIEF DESCRIPTION OF INCIDENT**

<b>INJURIES</b> (List Most Severe First)	<b>FIRST AID GIVEN</b>
<b>SKIN TEMP./COLOR:</b>	
<b>STATE OF CONSCIOUSNESS:</b>	
<b>PAIN (Location)</b>	

**RECORD:**

Time	Initial					When leave scene
Pulse						
Respiration						

**VICTIM'S NAME** **AGE**

**ADDRESS**

**NOTIFY (Name)**

**RELATIONSHIP** **PHONE**

**OTHER COMMENTS:**

