

FIRST AID/ACCIDENT REPORT FORM (begin here)

FINDINGS

Airway, Breathing, Circulation

Initial Rapid Check

(Chest Wounds, Severe Bleeding)

ASK WHAT HAPPENED:

ASK WHERE IT HURTS:

ALLERGIES

TAKE PULSE & RESPIRATIONS	PULSE	RESPIRATIONS
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SKIN: Color
Temperature
Moistness

PUPILS: Regular in size
Equally reactive

STATE OF CONSCIOUSNESS

HEAD: Scalp -- Wounds
Ears, Nose -- Fluids
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

PAIN (Location)

LOOK FOR MEDICAL ID TAG

VICTIM'S NAME

COMPLETED BY

FIRST AID GIVEN

AGE

DATE TIME

RESCUE REQUEST

Fill Out One Form Per Victim

TIME OF INCIDENT	AM PM	DATE
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NATURE OF INCIDENT

EXCESSIVE HEAT COLD

FALL ON ROCK SNOW CREVASSE AVALANCHE

FALLING ROCK ILLNESS

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:

TEAR HERE - KEEP THIS SECTION WITH THE VICTIM

DETACH HERE - SEND OUT WITH REQUEST FOR AID

