**First Aid Record**

[INSERT ORGANIZATION LOGO HERE]

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| **INCIDENT DETAILS** |
| Employee Name: Click here to enter text. | Position: Click here to enter text. |
| Date of Incident: Click here to enter text. | Time of Incident: Click here to enter text. |

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| **Description of how the injury or illness occurred (what happened?):** |
| Click here to enter text. |

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| **Description of the nature of injury or illness (what are the signs and symptoms?):** |
| Click here to enter text. |

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| **Description of the treatment given (what did you do?):** |
| Click here to enter text. |

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| **Name of witness(es):** |
| 1. Click here to enter text. | 2. Click here to enter text. |

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| **Arrangement(s) made relating to the worker (return to work/medical aid/ambulance/follow up):** |
| Click here to enter text. |

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| Name and Signature(First Aid Attendant) |  | Date |  |
| Name and Signature(Patient) |  | Date |  |