**First Aid Record**

[INSERT ORGANIZATION LOGO HERE]

|  |  |
| --- | --- |
| **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. |

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

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

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

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

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

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