

FIRST AID CASUALTY REPORT FORM

Date _____ Time _____ First Aider _____
 Casualty's Name _____ Gender _____ Date of Birth _____ Age _____
 Casualty's Address / Job Details _____
 Location of Incident _____ Time of Incident _____

Casualty Observations (record at least every 10 minutes)

Time				Breathing		Pulse		AVPU	Alert		
									Fully alert		6
									Voice	Confused	5
										Responds with inappropriate words	4
										Only utters sounds	3
									Pain	Localises pain	2
										Responds but does not localise pain	1
									Unresponsive	Does not respond to voice or pain	0

S igns & Symptoms	
A llergies	
M edication	
P ast medical history	
L ast eaten	
E vents leading to incident	

Treatment / Comments <div style="text-align: right;">  </div>
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Afterwards the casualty went: home to hospital to GP in ambulance back to work
 Casualty's Signature _____
 First Aider's Signature _____ Date _____