

# 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

**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

# RESCUE REQUEST

Fill Out One Form Per Victim

TIME OF INCIDENT  
AM \_\_\_\_\_ PM \_\_\_\_\_ DATE \_\_\_\_\_

NATURE OF INCIDENT  
FALL ON  ROCK  SNOW  FALLING ROCK  
 CREVASSE  AVALANCHE  
 ILLNESS  EXCESSIVE HEAT  COLD

BRIEF DESCRIPTION OF INCIDENT

DETACH HERE - SEND OUT WITH REQUEST FOR AID

TEAR HERE - KEEP THIS SECTION WITH THE VICTIM

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:

