

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:

TAKE PULSE & RESPIRATIONS	PULSE	RESPIRATIONS
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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

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:

DETACH HERE - SEND OUT WITH REQUEST FOR AID
TEAR HERE - KEEP THIS SECTION WITH THE VICTIM

