|  |
| --- |
| **First aid record** |

Name: Enter name.

Position: Enter position.

Date of incident: Enter date.

Time of incident:Enter time.

**Description of how the injury or illness occurred (What happened?)**

|  |
| --- |
|  |

**Description of the nature of injury or illness (What are the signs and symptoms?)**

|  |
| --- |
|  |

**Description of the treatment given (What did you do?)**

|  |
| --- |
|  |

**Name of witnesses**

|  |  |
| --- | --- |
| **1.** | **2.** |

**Arrangement(s) made relating to the worker (return to work/medical aid/ambulance/follow-up)**

|  |
| --- |
|  |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(First aid attendant) (Patient)**