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| **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?)**

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

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

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**Name of witnesses**

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

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

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

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