

# FIRST AID/ACCIDENT REPORT FORM

**START HERE**

Airway, Breathing, Circulation, Disability, Environment

**Initial Rapid Check**

(Chest wounds, Blood Sweep)

Ask what happened:

Ask where it hurts:

**Head—to—Toe Examination**

**Head:** Scalp—wounds  
Ears, Nose—Fluids  
Jaw—Stability  
Mouth—wounds

**Neck:** Wounds, Deformity

**Chest:** Movement, Symmetry

**Abdomen:** Wounds, Rigidity

**Pelvis:** Stability

**Extremities:** Wounds, Deformity  
Sensations & Movement  
Pulse Below Injury

**Back:** Wounds, Deformity

**Skin:** Color  
Temperature  
Moistness

Medical ID Tags:

Allergies:

**Vitals:**

**Pulse:**      **Resp:**      **LoR:** A( ) V P U

Patient's Name:

Completed By:

**FIRST AID GIVEN**

**RESCUE REQUEST**

Fill out one form per patient

**Time of Incident:**

am  
pm

**Date:**

**Nature of Incident:**

- fall / trauma     drowning     hypothermia  
 heat related     illness: \_\_\_\_\_  
 other:

**Brief description of Incident:**

**Injuries (most severe first):**

**First Aid Given:**

**S.A.M.P.L.E.**

**Vitals:**

<b>time:</b>					
<b>LoR</b>					
<b>pulse</b>					
<b>resp</b>					
<b>skin (CTM)</b>					

Patient's Name:

Age:

M  
F

Notify (relationship):

Phone Number:

Tear here—Keep this section with the patient, copy info to Rescue Request

