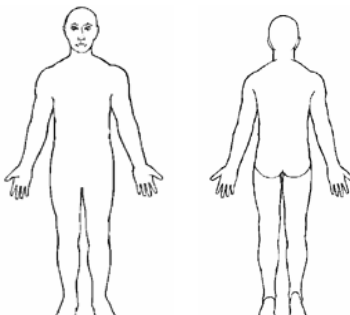


First Aid Record

This form is to be used as a quick record of the Injury/Illness, to be attached to the Incident Report Form. This is not a medical assessment, but simply a brief summary of the event, observations and management



Date	Time	Location		
Surname		Given Name		Date of Birth
				Gender
				M F
Address				Postcode
Description of Illness / Injury				
<u>Observations</u> Unconscious <input type="checkbox"/> Altered Conscious <input type="checkbox"/> Conscious <input type="checkbox"/> Breathing <input type="checkbox"/> Slow <input type="checkbox"/> Normal <input type="checkbox"/> Fast <input type="checkbox"/> Skin Colour <input type="checkbox"/> Pale <input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Other Observations Assessment			<u>Physical Assessment</u> Abrasion Burn Bruise Deformity Fracture Haemorrhage Laceration Pain Swelling	
				
Treatment				
Follow-up		Comments		
<input type="checkbox"/>	Ambulance			
<input type="checkbox"/>	Health Service			
<input type="checkbox"/>	Own Doctor			
<input type="checkbox"/>	Other			
First Aider (Print)			Signature	
Date			Time	

THE ORIGINAL TO BE FORWARDED TO THE UNIVERSITY WARDEN FOR SECURE FILING
 A COPY OF THIS RECORD BE FORWARDED TO THE PATIENT
 A COPY TO BE ATTACHED TO THE INCIDENT REPORT FORM