

# 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:

ALLERGIES

TAKE PULSE & RESPIRATIONS	PULSE	RESPIRATIONS
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SKIN: Color  
Temperature  
Moistness

PUPILS: Regular in size  
Equally reactive

STATE OF CONSCIOUSNESS

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  
Pulses Below Injury

BACK: Wounds, Deformity

PAIN (Location)

LOOK FOR MEDICAL ID TAG

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:

TEAR HERE - KEEP THIS SECTION WITH THE VICTIM

DETACH HERE - SEND OUT WITH REQUEST FOR AID

