

Frontline First Aid & Emergency Training
Workplace First Aid Record



Sequence Number:

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Related to Sequence Number:

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Today's Date:	Time and Date of Injury/Illness:
Patient Name:	Time and Date First Reported:
Occupation:	
Description of How Injury / Illness Occurred	
Signs and Symptoms of Injuries / Illness	
Treatment and Care Given	
First Aid Attendant's Name	Signature
Patient's Name	Signature
Witness Name	Signature
Witness Name	Signature
Witness Name	Signature

Patient:
 Returned to Work
 Went to Medical Aid
 Went in Ambulance

Notes:

