Frontline First Aid & Emergency Training

Workplace First Aid Record



	Sequence Number: Related to Sequence Number:	
Today's Date:	Time and Date of Injury/Illn	ess:
Patient Name:		
Occupation:	Time and Date First Reporte	d:
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	
Notes:		
Patient: Returned to Work		
Went to Medical Aid		
Went in Ambulance		
Last updated 2015-08-04	www.frontlinefirstaid.ca	training@frontlinefirstaid.ca

frontlinefirstaid.ca | 250-470-0205 | training@frontlinefirstaid.ca