



First Aid Incident Report Form

Name of ill or injured person: _____

Age: _____ Gender: _____ Cause of injury: _____

Main illness or injury: _____

SAMPLE History

Signs and Symptoms: _____

Allergies: _____

Medications: _____

Past medical history: _____

Last water and food input/output: _____

Events leading up to the incident: _____

Vital Signs

Time	Level of consciousness	Breathing	Circulation	Temperature	Skin	Pupils

Description of pain

Onset (did it start suddenly?) _____

Provoke (what makes it worse?) _____

Quality (how does the person describe it?) _____

Region or Radiate (where is the pain?) _____

Severity (how severe is it?) _____

Time (when did it start?) _____

Physical Exam

Describe the location of pain and injuries:

Assessment

List the problems you have found and the problems you predict:

Plan

Describe how you will deal with each problem on the problem list—bivouac, transportation, etc.:

Extended Care Monitoring

How often do you plan to monitor the person? _____

Name of rescuer(s): _____

Location (give map or GPS coordinates): _____

Monitoring Chart

Time	Level of consciousness	Breathing	Circulation	Temperature	Skin	Pupils

New developments after initial first aid:

Signature of Rescuer #1

Signature of Rescuer #2

After the person has been evacuated, hand off this report to a healthcare provider.