

Sequence Number -

FIRST AID RECORD

Date and Time call received by Attendant (yyyy-mm-dd) AM / PM	Time Attendant Arrived on Scene (yyyy-mm-dd) AM / PM
Location of Scene	Time of Call Completion AM / PM
Initial Reporting Data & Time (yyyy-mm-dd) AM / PM	Follow-up report date and time (yyyy-mm-dd) AM / PM
Initial report sequence number	Subsequent report sequence number(s)

PATIENT NAME	DATE OF BIRTH (YYYY-MM-DD)	Patient Type – circle: Student Student on Practicum Faculty Staff Admin Public Contractor
Employee Dept. – circle: Facilities Science Culinary Arts Animal Health A&E OM Library Clock Tower Gym BCCOL HOL IB CAC Whse House # _____ Trades: Plumbing Electrical Welding Carpentry Mechanics Nursing RT Other: _____	Name of Supervisor or Instructor: _____	

Description of how the injury or illness occurred

Description of the nature of the injury, exposure, or illness

<p>PLEASE MARK INJURED OR EXPOSED AREA</p>	<p>MEDICATIONS</p> <p>INTERVENTIONS (PLEASE CHECK)</p> <p><input type="checkbox"/> CONTROLLED <input type="checkbox"/> OXYGEN ADMINISTERED</p> <p>BLEEDING</p> <p><input type="checkbox"/> AED ADMINISTERED (Form Attached)</p> <p>DESCRIPTION OF TREATMENTS (PLEASE CHECK)</p> <p><input type="checkbox"/> TRACTION <input type="checkbox"/> SPLINTED <input type="checkbox"/> IMMOBILIZED</p> <p><input type="checkbox"/> SPINAL IMMOBILIZATION <input type="checkbox"/> ADDITIONAL TREATMENTS (PLEASE EXPLAIN)</p> <p><input type="checkbox"/> PATIENT ADVISED TO RETURN FOR RE-ASSESSMENT/FOLLOW UP ON _____ (Date)</p> <p><input type="checkbox"/> APPROPRIATE HAND-OUT SHEET GIVEN</p>
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RECOMMENDATIONS

RETURN TO WORK FIRST AID FOLLOW UP MEDICAL AID

TRANSPORTED BY (PLEASE CHECK)

Taxi B.C. AMBULANCE SERVICE

OTHER (PLEASE EXPLAIN)

CHANGES IN PATIENT'S CONDITION (PLEASE EXPLAIN)

F.A.A. NAME (PLEASE PRINT)	F.A.A. SIGNATURE	OFA CERTIFICATE #	OFA LEVEL <input type="checkbox"/> 1 <input type="checkbox"/> TE <input type="checkbox"/> 2 <input type="checkbox"/> 3
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NAME OF WITNESS (PLEASE PRINT)	EMPLOYER MAILING ADDRESS	STREET / AVENUE
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EMPLOYEE SIGNATURE	CITY / TOWN	POSTAL CODE
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