**First Aid Injury Report**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General** | | | | | | | | | | | | | |
| Workplace Location | | |  | | | | | | | | | | |
| Injured Persons Name | | |  | | | | | | | | | | |
| Home Address | | |  | | | | | | | | | | |
| Date of Birth | | |  | | | | | Gender | | | Male Female  Other | | |
| Occupation | | |  | | | | | | | | | | |
| Employers Name | | |  | | | | | | | | | | |
| Employers Address | | |  | | | | | | | | | | |
| **Details of Injury** | | | | | | | | | | | | | |
| Date of Injury | |  | | | | | | | Time of Injury | | | AM  PM | |
| The exact location where the injury occurred | |  | | | | | | | | | | | |
| Reason for Presentation | | New Injury  Aggravated Injury  Recurring Injury  Illness  Other | | | | | | | | | | | |
| Body Part Injured | |  | | | | | | | Nature of Injury / Illness | | | Bruise/contusion  Cardiac problem  Cold/flu  Concussion  Dislocation/subluxation  Fracture  Inflammation / swelling  Loss of consciousness  Overuse injury  Respiratory problem  Skin injury  graze  cut  blisters  Sprain e.g. ligament tear  Strain e.g. muscle tear  Other | |
| **Details of Treatment** | | | | | | | | | | | | | |
| Treatment Provided by First Aid Officer | | | | Yes  No | Comments: | | | | | | | | |
| Follow Up Treatment Provided/Recommended | | | | Yes  No | Comments: | | | | | | | | |
| Doctor / Medical Facility Attended: | | | |  | | | | | | | | | |
| Date Attended | | | |  | | | Medical Certificate Received | | | | | | Yes  No |
| Treatment (e.g., X-Ray, Medication, Ultrasound, Ice, CPR) | | | |  | | | | | | | | | |
| Further consultations / hospitalisation required: | | | | Yes  No | | | Injury Management Required: | | | | | | Yes  No |
| **Name of Witnesses** | | | | 1 | | | | | 2 | | | | |
| **Contact Number For Witnesses** | | | | 1 | | | | | 2 | | | | |
| **Name of Person(s) Who Provided First Aid** | | | | | | | | | | | | | |
| Person 1 |  | | | | | Signature | | | |  | | | |
| Date |  | | | | | Time | | | |  | | | |
| Person 2 |  | | | | | Signature | | | |  | | | |
| Date |  | | | | | Time | | | |  | | | |