

Wilderness First Aid Basics

First Aid Report Form

Rescue Request

Start Here	First Aid Given	
INITIAL ASSESSMENT		
Level of Consciousness:		
Respirations:		
Pulse:		
SAMPLE HISTORY		
Signs and Symptoms:		
Allergies:		
Medications:		
Pertinent Past History:		
Last Fluid or Food:		
Events Leading to Accident:		
PHYSICAL EXAM (DOTS)		
Head:		
Neck:		
Chest:		
Abdomen:		
Pelvis:		
Extremities:		
Back:		
Skin:		
Victim's Name: Age:		
Completed by:	Date: Time Started:	

Time of Incident:		Date:	
AM PM			
Nature of Incident:			
<input type="checkbox"/> Fall <input type="checkbox"/> Illness <input type="checkbox"/> Heat <input type="checkbox"/> Cold <input type="checkbox"/> Burn <input type="checkbox"/> Allergy <input type="checkbox"/> Bite or Sting <input type="checkbox"/> Other			
Brief Description of Incident:			
Injuries:		First Aid Given:	
Pain (Location):			
Skin Temp/Color:			
Consciousness:			
Initial:			
Time:			
Resp:			
Pulse:			
Victim's Name:		Age:	
Address:			
Notify (Name)			
Relationship:		Phone:	

Detach here -- Keep this section with victim

