First aid record form

Sample/template

Date of injury or illness: _____ Time: _____ AM PM
Day Month Year

Date injury or illness reported: _____ Time: _____ AM PM
Day Month Year

Full name of injured or ill worker: _____

Description of the injury or illness:

_____

_____

Description of where the injury or illness occurred/began:

_____

_____

Cause of the injury or illness:

_____

_____

First aid provided? ☐ Yes ☐ No

Name of first aider: _____

First aider qualifications:

☐ Emergency first aider
☐ Standard first aider
☐ Advanced first aider
☐ Primary care paramedic
☐ Advanced care paramedic
☐ Nurse
☐ Emergency medical responder

Describe first aid provided:

_____

_____

☐ Copy provided to worker ☐ Copy refused Injured/ill worker initial _____

Keep this record confidential and retain for at least 3 years from reported date of injury/illness.

Alberta