

# Occupational first aid record

(Areas in grey are required under the Yukon Occupational Health and Safety Regulation "Minimum First Aid Requirements," section 18.14)

Date and time of illness / injury	a.m. / p.m.	Date and time reported to first aid	a.m. / p.m.

Time first aid provided	a.m. / p.m.	Employer's name	phone number

Employee's name	date of birth	D / M / Y	Employee's doctor

Contact person

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Patient's chief complaint

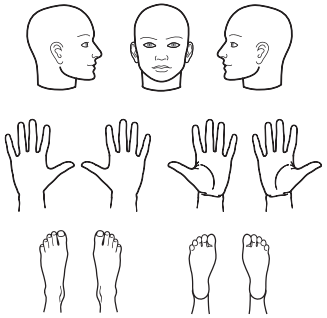
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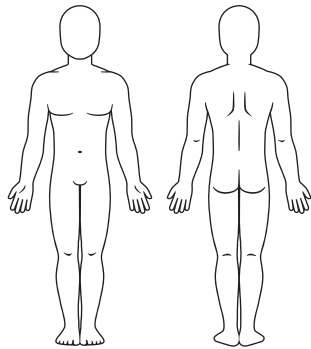
Mechanism of injury / history of illness

Physical findings

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Please mark injured or exposed area





Recommendations

may return to work   
  first aid follow up   
  medical aid

Transported by (please check all that apply)

ETV                       ambulance service                       air evacuation  
 industrial ambulance     other (please explain)

**Glasgow coma scale**

<b>Eye opening response</b>	<b>Best verbal response</b>	<b>Best motor response</b>
4 spontaneously	5 oriented	6 obeys commands
3 to speech	4 confused	5 localizes pain
2 to pain	3 inappropriate words	4 withdraws from pain
1 no response	2 incomprehensible sounds	3 flexes to pain (decorticate)
	1 no response	2 extends to pain (decerebrate)
		1 no response

Vital signs	Time		Time		Time		Time	
Respirations								
Pulse								
LOC / GCS	E	Total	E	Total	E	Total	E	Total
	V		V		V		V	
	M		M		M		M	
Pupil size & reaction (+ / -)	L	R	L	R	L	R	L	R
Skin								

Allergies

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Medications

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Interventions (please check all that apply)

airway cleared                       OPA     NPA  
 rescue breaths                       pocket mask                                       BVM  
 controlled bleeding     oxygen administered L/min \_\_\_\_\_

Definitive treatments (please check all that apply)

immobilized     traction  
 splinted     spinal immobilization  
 additional treatments (please explain on back of sheet, if needed)

Changes in patient's condition (please explain on back of sheet, if needed)

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F.A.A. name (please print)	F.A.A. signature	Certificate information

Names of witnesses (please print)	Employee's signature