

Describe the illness in detail or how the injury occurred (attached additional documents, if needed)

Injured/Ill person's history:

Symptoms: _____

Allergies: _____

Medications: _____

Previous experience with injury/illness: _____

Last drink, medication, food, rest break, etc) _____

Events leading up to injury/illness: _____

Body part injured (be specific, note left/right, etc) _____

Nature of injury (e.g. bruise, sunburn, etc) _____

Describe the first aid given: _____

Individuals who assisted with first aid: _____

Further medical treatment required: Yes No

Name of medical facility: _____

Transportation required by: _____

Additional information: _____
