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

Patient's chief complaint

Mechanism of injury / history of illness

Physical findings

Glasgow coma scale

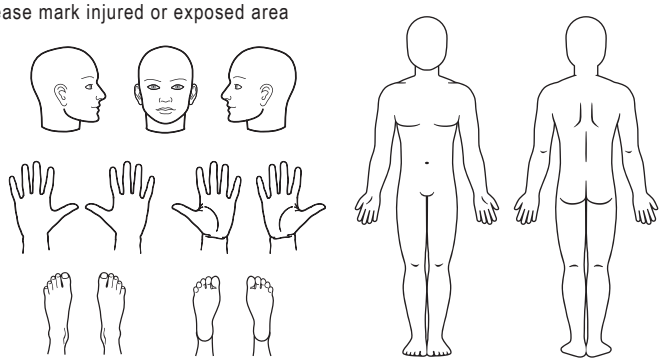
Eye opening response	Best verbal response	Best motor response
4 spontaneously	5 oriented	6 obeys commands
3 to speech	4 confused	5 localizes pain
2 to pain	3 inappropriate words	4 withdraws from pain
1 no response	2 incomprehensible sounds	3 flexes to pain (decorticate)
	1 no response	2 extends to pain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

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

Allergies

Medications

Please mark injured or exposed area



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)

Recommendations

☐ may return to work ☐ first aid follow up ☐ medical aid

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

Transported by (please check all that apply)

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

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

Names of witnesses (please print)

Employee's signature ☐ I refused care