



Sample Form for Recording First Aid Information at the Workplace

This form can be used to record first aid information as outlined in
Section 2.7 of the *First Aid Advisory Standard 2004*.

Personal details

Name of injured/ill person

Home Address

Date of Birth Sex Phone (Work) (Home)

Worker (please circle) yes no

Work Section Occupation

Visitor (please circle) yes no

Any known illness and/or medications

Incident details

Nature of injury/illness (for example, burn, laceration)

Bodily location of injury/illness

Date of incident Time Location

How the injury/illness occurred

Name/s of any witnesses

First aid management

Details of first aid given

Any medical treatment (for example doctor, hospital, ambulance)

Name of person administering first aid (please print)

Work title Work section

Signature Date

Subsequent injury/illness management