

This record must be kept by the employer for 3 years

First Aid Record

Sequence number _____

Name	Occupation
Date of injury or illness	Time of injury or illness
Initial reporting date & time	<input type="checkbox"/> Follow-up report date & time
Initial report sequence number	Subsequent report sequence number(s)

A description of how the injury, exposure, or illness occurred (What happened?)

A description of the nature of the injury, exposure, or illness (What you see - signs & symptoms)

A description of the treatment given (What did you do?)

Name of witnesses

1.	2.
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Arrangements made relating to the worker (return to work / medical aid / ambulance / follow-up)

Provided worker handout	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alternate duty options were discussed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A form to assist in return to work and follow-up was sent with the worker to medical aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
First aid attendants name (please print)	First aid attendants signature	
Patient's signature		

This form must be kept at the employer's workplace and is not to be submitted to WorkSafeBC