

INJURY REPORT

Name of Injured:

First Name _____ Surname _____

Mobile Phone _____ Home _____

Next of Kin _____ Ph _____

Age _____ M/F _____ Date of Injury ___/___/___

Location _____ Time _____

Injury Type : _____

Any Known Medical History _____

Witness Name _____

Action taken by First Aider _____

An Ambulance attended or called Yes / No _____

Management Person notified _____

www.firstaidkitsaustralia.com.au 1300 361 222

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