

First Aid Report Form

Confidential

DETAILS OF PERSON WHO RECEIVED FIRST AID:

Name: _____ Date of Birth (if known): _____

Is the person a University Employee? Please specify the Dept: _____

Student Visitor Service Provider Member of the Public Gender M F Other

DETAILS OF INCIDENT:

Date _____ Time _____ (am/pm) and Location _____ of incident requiring first aid treatment.

What was the nature of the incident requiring treatment? (e.g., faint/cardiac arrest)

What treatment was given? (e.g. place in recovery position/C.P.R.)

What happened to the person following first aid treatment? (e.g., went to hospital)

Any other details:

Were Medical Personnel Contacted?

Yes No

Date: _____

Were Counsellors Contacted?

Yes No

Date: _____

Date

Name of First Aider/Other person providing assistance

Signature

*Please submit completed form to the Health & Safety Unit (D1-054), HR Division,
University of Limerick.*