

|                             |      |
|-----------------------------|------|
| Start Here                  |      |
| INITIAL ASSESSMENT          |      |
| Level of Consciousness:     |      |
| Respiration:                |      |
| Pulse:                      |      |
| SAMPLE HISTORY              |      |
| Signs and Symptoms:         |      |
| Allergies:                  |      |
| Medications:                |      |
| Relevant Past History:      |      |
| Last Food or Fluid:         |      |
| Events Leading to Incident: |      |
| PHYSICAL EXAM (DOTS)        |      |
| Head:                       |      |
| Neck:                       |      |
| Chest:                      |      |
| Abdomen:                    |      |
| Extremities:                |      |
| Eyes:                       |      |
| Skin:                       |      |
| Wheeler's Name:             | Age: |
| Completed by:               |      |

| Page And Chapter                                                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>           Date: _____ Time Started: _____         </p> <p>           Danish Here – Keep this section with student         </p> |  |

| Rescue Request                                                                                                                                                                                                                                                     |  |  |  |                 |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------------|--|--|--|--|--|
| Name of Incident:                                                                                                                                                                                                                                                  |  |  |  | Date:           |  |  |  |  |  |
| AM                                                                                                                                                                                                                                                                 |  |  |  | PM              |  |  |  |  |  |
| Nature of Incident:                                                                                                                                                                                                                                                |  |  |  |                 |  |  |  |  |  |
| <input type="checkbox"/> Fall <input type="checkbox"/> Illness <input type="checkbox"/> Heat <input type="checkbox"/> Cold <input type="checkbox"/> Burn <input type="checkbox"/> Allergy<br><input type="checkbox"/> Bite or Sting <input type="checkbox"/> Other |  |  |  |                 |  |  |  |  |  |
| Brief Description of Incident:                                                                                                                                                                                                                                     |  |  |  |                 |  |  |  |  |  |
|                                                                                                                                                                                                                                                                    |  |  |  |                 |  |  |  |  |  |
| Injured:                                                                                                                                                                                                                                                           |  |  |  | Alleged Driver: |  |  |  |  |  |
|                                                                                                                                                                                                                                                                    |  |  |  |                 |  |  |  |  |  |
| Pain (Location):                                                                                                                                                                                                                                                   |  |  |  |                 |  |  |  |  |  |
| Skin Temp/Color:                                                                                                                                                                                                                                                   |  |  |  |                 |  |  |  |  |  |
| Consciousness:                                                                                                                                                                                                                                                     |  |  |  |                 |  |  |  |  |  |
| Initial:                                                                                                                                                                                                                                                           |  |  |  |                 |  |  |  |  |  |
| Time:                                                                                                                                                                                                                                                              |  |  |  |                 |  |  |  |  |  |
| Resp:                                                                                                                                                                                                                                                              |  |  |  |                 |  |  |  |  |  |
| Pulse:                                                                                                                                                                                                                                                             |  |  |  |                 |  |  |  |  |  |
| Injured's Name:                                                                                                                                                                                                                                                    |  |  |  | Age:            |  |  |  |  |  |
| Address:                                                                                                                                                                                                                                                           |  |  |  |                 |  |  |  |  |  |
| County (if Rural):                                                                                                                                                                                                                                                 |  |  |  |                 |  |  |  |  |  |
| Relationship:                                                                                                                                                                                                                                                      |  |  |  | Phone:          |  |  |  |  |  |

# Red Cross Wilderness First Aid Report Form

**Daniela Niemeyer**

A red circular graphic with a gradient, appearing as a partial circle or a stylized 'C' shape, located to the right of the name Daniela Niemeyer.

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