

# Casualty Report Form

Date:

Time:

First Aider:

Patient Details:

Date of Birth:

Age:

Sex:

Name:

Address:

☎ Home:

Mobile:

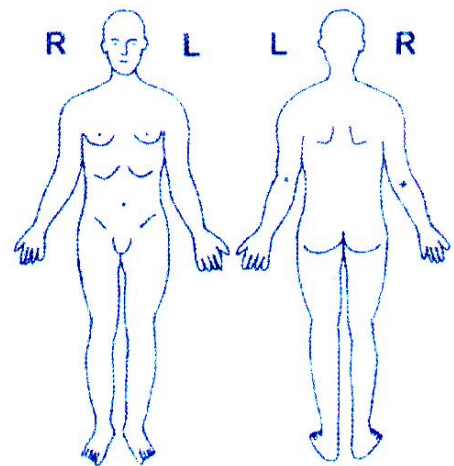
Next of Kin:

Incident Location:

**Casualty Observations:** Ideally recorded every 10 minutes if possible.

Time	Breathing Rate	Pulse Rate	Radial Pulse Y/N	AVPU

Injury Location and Type



Casualty Response Level - **AVPU**

**A**lert – **V**erbal – **P**ain – **U**nresponsive

**AMPLE:**

<b>A</b> llergies	
<b>M</b> edication	
<b>P</b> ast Medical History	
<b>L</b> ast Eaten	
<b>E</b> vents Leading to Incident	

Any Treatment Given	
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