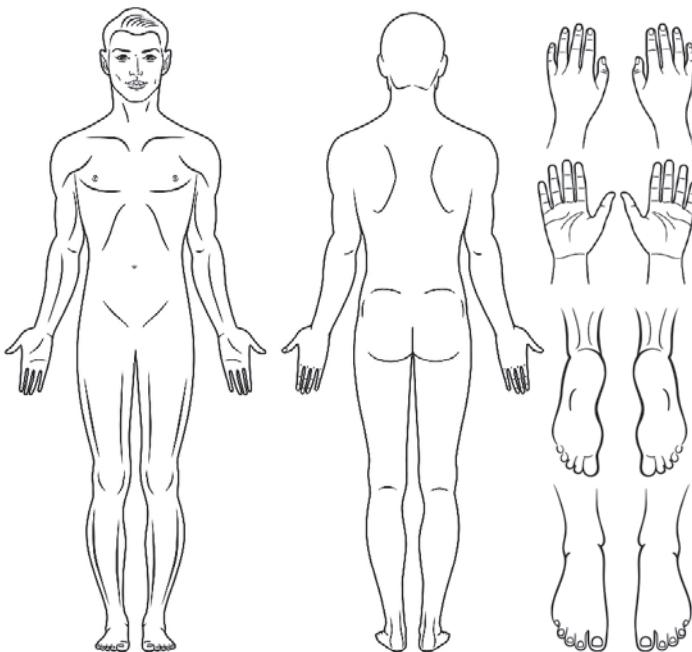




## VICTIM'S CONTACT INFO

<b>INITIAL ASSESSMENT</b>		Date of Incident	Name
Level of Consciousness		Time of Incident AM PM	Phone / Frequency / Call Sign
<input type="radio"/> Alert <input type="radio"/> Responds to Pain <input type="radio"/> Responds to Verbal <input type="radio"/> Unresponsive		Adult Normals: Pulse 60-100/m Breaths 12-15/m Temp 98.6 °F Cap refill < 2s Pupils: equal & reactive	Emergency Point of Contact (POC)
Pulse	Breaths	Temp	POC Phone / Frequency / Call Sign

Examine: Head, Neck, Chest, Abdomen, Pelvis, Extremities, Back, Skin



Note: Identify all deformities and wounds on graphics above

## FIRST AID APPLIED

<b>HISTORY</b>		
Signs & Symptoms		
Allergies / Med-Alerts		
Medications		
Pertinent Past History		
Last Food or Drink		
Events Leading to Accident		
Name of Evaluator		
Pressure Dressing Applied <input type="radio"/> Yes <input type="radio"/> No		Time Applied
Tourniquet Applied <input type="radio"/> Yes <input type="radio"/> No		Time Applied
Date Started		Time Started AM PM



## **VITAL SIGN RECORD**

Every 15 minutes for 1st hour or if changing. Every hour if stable.

Date	Time	LOC (AVPU)	Rate	Pulse		Pulse below injury		Rate	Breaths		Pupils	Skin	Other
				Character	Rate	Character	Rate		Character	Rate			
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This document is a modified version of the Wilderness First Aid Evaluation Form ([www.riteintherain.com](http://www.riteintherain.com)). Join PepperLink.com for FREE to get downloads, meet other preppers, and start your own group.