CASUALTY REPORT FORM

Complete as much of this form as possible. The form should remain with the casualty at all times.

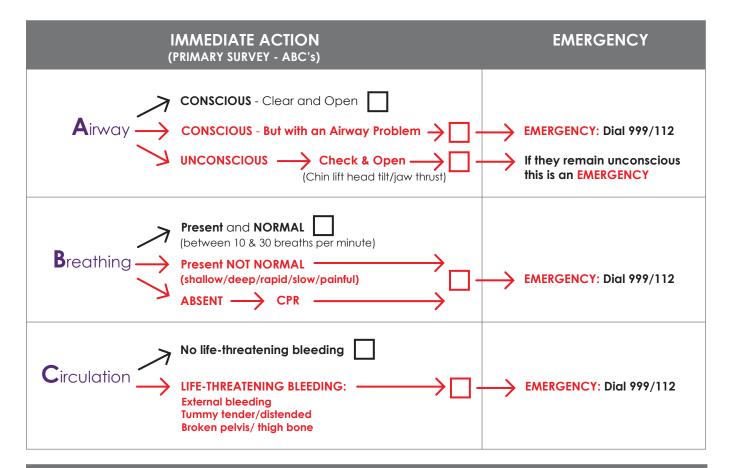


PERSONAL DETAILS OF C	ASUALTY	NEXT OF KIN DETAILS
Sex: Name: Age: Date of Birth: _ Address:	/	Name: Relationship: Tel:
		DESCRIPTION OF ACCIDENT/ILLNESS
Tel:		Time:
OTHER USEFUL CASUALTY INF		Details:
Signs and symptoms: Allergies: Medications: Past Medical History: Last Meal: Events - what has happened:		Give a full and detailed account
	NFORMATION FOR MO	
Your mobile/telephone number: Your location: Grid Ref: Description of your location:		
How many in the group:		
Clothing description of group: _ (i.e. colours rather than brand) 		
Information on weather: (i.e. in cloud/windy)		
DIAL 999/11	2 ask for POLICE then	request MOUNTAIN RESCUE

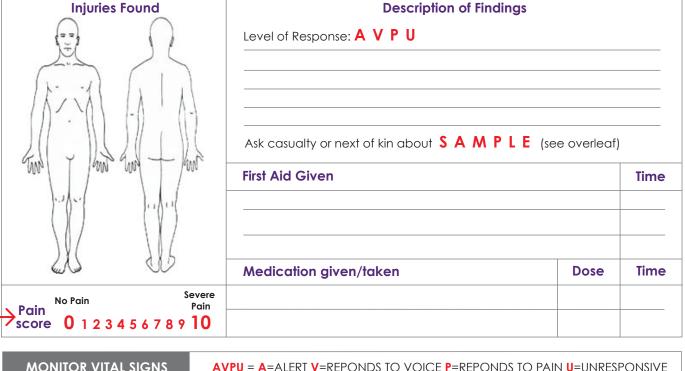
ADDITIONAL INFORMATION

ENVIRONMENTAL: Information on the ground conditions e.g. snow/ ice or dangerous location

CASUALTY: ____



CASUALTY EXAMINATION



MONITOR VITAL SIGNS	AVPU = A=ALERT V=REPONDS TO VOICE P=REPONDS TO PAIN U=UNRESPONSIVE									
TIME										
Levels of Response A V P U										
BREATHING RATE										
PULSE										
PAIN SCORE FROM 0-10										