

WFA Report

WFA Rescue Request

Step 1: Scene Safety

Date: _____ Time Started: _____

Victims Name: _____ Age: _____

First Aid Provided (time, action, response) _____

Time of incident: _____ am/pm Date: _____

Step 2: Primary Assessment

Responsiveness **Ask** Position

Airway

Breathing

Circulation

Disability

Environment/Exposure

Step 3: Secondary Assessment: Physical Exam

Deformity, Open wounds, Tenderness, Swelling

Head/Neck

Chest

Abdomen

Pelvis

Legs

Arms

Back

Sample History: Check for Medical ID tag

Symptoms

Allergies

Medications

Pertinent History

Last intake & output

Events leading up

Initial Vitals: Breathing: _____ Pulse: _____ Skin: _____

AVPU: Alert **Voice** Pain **Unresponsive**

Step 4: Continue on reverse side

Completed by: _____

Relationship: _____

Mechanism of Injury: (circle all that apply)

Fall Illness Cold Burn Allergy Bite Sting

Crash Other: _____

X

Brief Description of Incident:

Injuries:

First Aid Provided:

X

Vital Signs	Initial	2nd	3rd
Time			
AVPU			
Breathing			
Pulse			
Skin			

Victim's Name: _____

Address: _____

Notify (Name & #): _____

X

WFA Rescue Request (cont.)

Step 4: Ongoing Re-assessments & Documentation:

Exact location (include map if possible):	Time	A V P U	Breath Rate/Character - Normal 12-20	Pulse Norm: 60-100	Extremity Circulation, Sensation, Movement	Pupils Equal or Unequal	Skin
Area Description:							
Terrain:							
On Site Plans:							
<input type="checkbox"/> Will stay put <input type="checkbox"/> Will evacuate to: _____							
Can stay overnight: Yes or No							
On-site equipment:							
Evacuation needed for:	Time	Ongoing Documentation:					
Equipment needed:							
Party members remaining:							
Name:	Notify / Phone:						