



HONG KONG AIR CADET CORPS

PHYSICAL ASSESSMENT FLIGHT



Accident Report Form

Date: _____ Venue: _____

Rank & Name of PAI: _____ PAI Registered No.: _____

Basic Information of the Patient

Unit: _____ Rank & Name: _____ Serial Number: _____

Gender: M F Age: _____

Special Medical Condition (if any): _____

Basic Information of the Accident

Time of Accident Outbreak: _____

Outbreak Situation

Assessment of which Event was Being Taken during the Accident: _____

Exact Location of the Accident: _____

What Happened

Patient Condition

Abrasion Bruising Laceration Twist Dislocation Fracture

Injury /

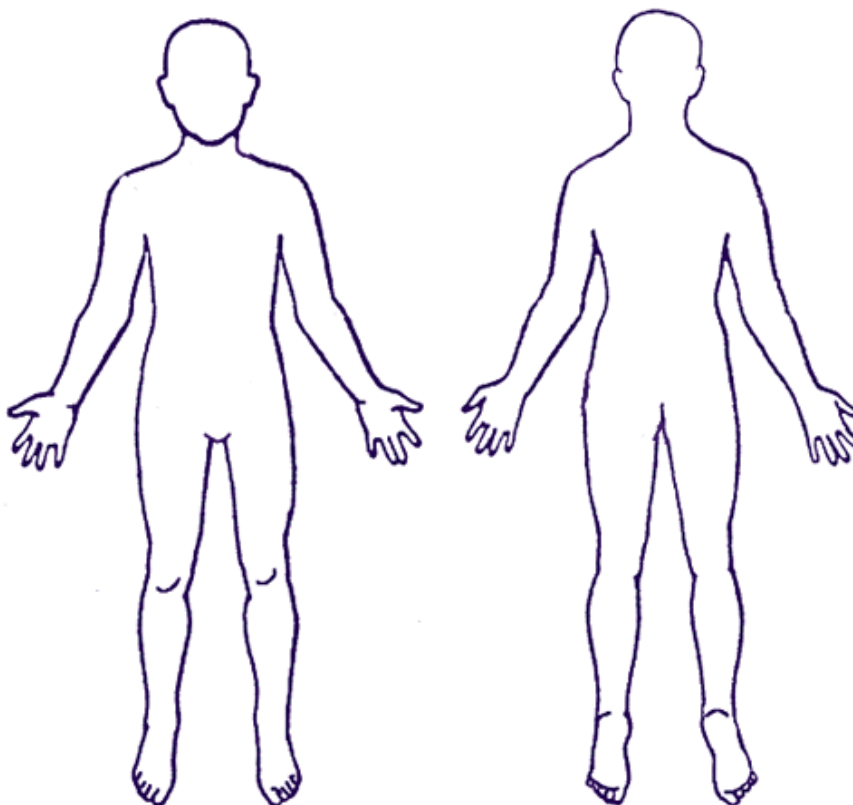
Heatstroke Heat Exhaustion

Sickness:

Other (Please Specify):

Please circle the injured body part (if appropriate)

Injured Body Part Description: _____



Level of

Consciousness:

Alert Responsive to Voice Responsive to Pain Unconscious

Patient Ability to

Walk:

Yes No

Treatment (Please put a “✓” in the box if it has been done)

<input type="checkbox"/> Report the Case Incident Number: _____
<input type="checkbox"/> First Aid Treatment (Please Specify): _____ Treatment Finish Time: _____
<input type="checkbox"/> Sent to Clinic/Health Centre (Clinic/Health Centre: _____) Arrival Time: _____
<input type="checkbox"/> Sent to Hospital (Hospital: _____) Hospital Arrival/Ambulance Handover Time: _____ Ambulance Pickup Point (if appropriate): _____
<input type="checkbox"/> Contact Parents/Guardians Contact Time: _____

Contact Person

Adult Member

Rank & Name: _____ Contact Number: _____

PAI

Rank & Name: _____ Contact Number: _____

Officer In-charge of the Accident Day:

Rank & Name: _____

Signature: _____

Date: _____