**Form 5: First Aid Register**

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| --- | --- |
| Employee name: |  |
| Position title: |  |

|  |  |
| --- | --- |
| Nature of injury:  |  |
| Treatment provided: |  |
| Date of Treatment |  |
| Time of Treatment |  |
| Person giving First Aid |  |
| Accident & Incident register completed by: |  |