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ACTION TAKEN:

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WAS FIRST AID NEEDED: YES / NO

IF NEEDED, WHAT TYPE OF CARE WAS PROVIDED?

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WAS PERSON INVOLVED IN INCIDENT SEEN BY A PHYSICIAN? YES / NO

NAME OF PHYSICIAN:

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WAS PERSON INVOLVED TAKEN TO HOSPITAL: YES / NO

NAME OF HOSPITAL:

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CARER/COMPANION:

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NAME, TITLE (if applicable), ADDRESS & PHONE NUMBER OF WITNESSES:

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SIGNATURE, TITLE,
Person Preparing Report

DATE

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Director

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