**First Aid Record Form**

**OFFICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Date of Injury** | **Name of Employee** | **Nature of Injury (Be Specific)** | **Cause of Injury** | **Supervisor Signature** |
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