

**U.S. Army Corps of Engineers  
Record of First Aid Treatment**

Location (Project/Office)		Date/Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Employee Name	Job Title		
Nature of Illness/Injury			
First Aid Supplies Used			
Description of Incident			
Treatment <input type="checkbox"/> Self Administered <input type="checkbox"/> Administered by Qualified First Aid Provider Name of Provider: _____			
Referred to Physician for further treatment? <input type="checkbox"/> No <input type="checkbox"/> Yes		If YES, Preliminary Accident Notification (PAN) entered into ENGLink? <input type="checkbox"/> No <input type="checkbox"/> Yes	

CESO Form 03-01, Dec 10

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