



First Aid Skills Certificate

Team Name: _____ Team Number: _____

Team Captain: _____ 1st Teammate: _____

2nd Teammate: _____ 3rd Teammate: _____

A certified/accredited first aid instructor should certify that at least two members of your team are competent in the following first aid modules:

- Scene Assessment
- Conscious Patient Management
- Basic Life Support
- Shock / Hypothermia
- Control of Major External Bleeding / Special Bleeding
- Chest Injuries
- Wound Dressing Techniques
- Unconscious Patient Management
- Medical Conditions
- Heart Attack
- Poisoning
- Limb Injuries – Fractures and Dislocations
- Head, Neck and Spinal Injuries
- Soft Tissue Injury
- Environmental Conditions
- Thermal / Special Burns
- Major Incidents / Road Traffic Accidents
- Drownings and near drownings
- Safety
- First Aid Kits
- Asthma
- Eye Conditions
- Infection Control

Instructor/Agent Name	Name of Business	EMT/Nurse or Doctor license	Date
-----------------------	------------------	-----------------------------	------

Address/State/Zip	Phone Number
-------------------	--------------

Location skills performed: _____

The above mentioned medical representative has witnessed the follow individuals perform the required skills listed above:

Signature

Certifies that:

Mr./Ms _____ has the skills and experience levels required.

Mr./Ms _____ has the skills and experience levels required.

Mr./Ms _____ has the skills and experience levels required.

Mr./Ms _____ has the skills and experience levels required.

This completed certification form must be mailed in before November 20, 2001.