



Lusail Real Estate Development Company

Health, Safety, Security, Environment, Logistics & Quality Department

Lusail Construction Safety Procedural Forms/Checklists – Patient’s Treatment Report Form

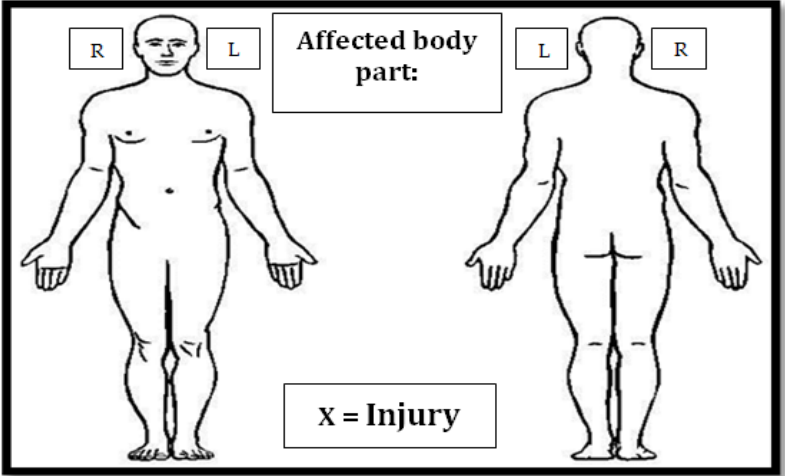
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COMPANY PROPRIETARY INFORMATION

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(Company Name)	Lusail Real Estate Development Company	
(CP/Developer)		

Patient's Medical Treatment and Follow - up Report

Patient's Name:				Date of Incident:			
				Time of Incident:			
Age:		Nationality:		Referred to:			
QID/Employee number:				Allergies (Medications/Food): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes pls specify:			
Initial Assessment/ Brief Description of the Injury/Illness (from FAU): Head to Toe (Cephalocaudal Assessment)							
Vital Signs Taken							
Time:	BP	PR/HR	RR	Temp	SPO2	HGT	Cap Refill
First Aid Treatment/ Nursing Intervention (from FAU):							
Diagnosis:							
Admitted to Hospital:	__ Yes __ No	If Yes:	Date and time of Admission:				
			Date and time of Discharge:				
Hospital Treatment:							
No. of days Unfit for duty:		Clinic Medications			Hospital Medications		
Follow-up Date:							
Nurse on Duty:				Signature:			
Please Attach Medical Certificates							

Assurance of confidentiality: All information which would permit identification of an individual will be held confidential and will be used for statistical purposes only by the Contractors, and agents when required and with necessary controls; and will not be disclosed or released to other person without the consent of the individual.