

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

Prior to use, ensure this document is the most recent revision by checking the Master Document List. To request a change, submit a Document Change Request to the Document Control Representative. Master copy of this document will be maintained by the LREDC QA/QC Manager. Not Controlled of printed.

Amendment Record

This document is reviewed to ensure its continuing relevance to the systems and process that it describes. A record of contextual additions or omissions is given below:

Rev. No	Description / Comments	Prepared By	Checked By	Approved By	Issue Date
1	(Pg. 3) Figure anatomical position	HSE Working Group	Michael Ford	Uwe Krueger	12 th February 2015
2	(Pg. 1) Company Propriety Information – Not controlled if printed has been added.	HSE Working Group	Michael Ford	Uwe Krueger	1 st April 2015
2	(Pg. 2) Revised Amendment Table	HSE Working Group	Michael Ford Michael Ford	Uwe krueger	1 st April 2015

(Company Name)

(CP/Developer)

Lusail Real Estate Development Company



Patient's Medical Treatment and Follow - up Report

Patient's Na	me:					Date of In		<u> </u>	
				1		Time of Ir	icident:	<u> </u>	
Age:		N	ationality:		Refe	rred to:			
QID/Employee number:					Allergies (Medications/Food If yes pls specify:): □Yes □No			
Initial Assessment/ Brief Description of the Injury/Illness (from FAU):Head to Toe (Cephalocaudal Assessment) R Affected body part: X = Injury									
		_			Vital Signs Taken	_			
Time:	BI	P	PR/HR	RR	Temp	SPO2		HGT	Cap Refill
									1
First Aid Treati	nent/ N	ursing In	tervention (fro	m FAU):		1	I		<u></u>
Diagnosis:				1					
Admitted to Ho	spital:	Yes	No	If Yes:	Date and time of Admission:				
•					Date and time of Discharge:				
Hospital Treatr	nent:								
No. of days Unfit for duty:		Clinic Medicatio			ons	Hosp	Hospital Medications		
Follow-up Date									
Nurse on Duty:	•				Ţ	Signature:			
warse on Duty:				Dlac	se Attach Medical Certificates	oignature:			
				riea	se Attach Medical Certificates				

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