KERN COUNTY SHERIFF'S OFFICE
AED DEFIBRILLATION REPORT

Case Number:	Assignment:	AED Service Provider:
Date of Occurrence:	Time:	Time LE Notified:
Patient Name:		
Patient Age:	Patient Gender: Male ☐ Female ☐ Other ☐	
Address where AED deployment occurred (include Zip Code):		
Victim had pulse: Yes ☐ No ☐		Victim was breathing: Yes ☐ No ☐
Witnesses to collapse/ cardiac arrest: Yes ☐ No ☐		Approx. time down prior to AED use:
CPR used prior to deployment: Yes ☐ No ☐		Time of 1st shock (if given): # of shocks:
Patient regained pulse at scene: Yes ☐ No ☐		
Responder Name:		
Responder Name:		
Responder Name:		
Responder Name:		
Name and Phone Number of Person Completing Report:		
Additional Comments/Information:		

Signature: Date:

CLEAR FORM