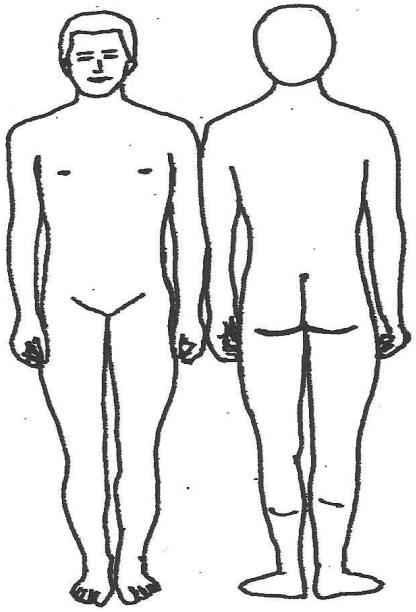
Body Check Injury Verification

PARTICIPANT NAME: DATE:

Circle Y for Yes or N for No

1. Scrapes/Abrasions	Y N	4. Lesions	Y N
2. Bruises	Y N	5. Rashes	Y N
3. Scratches/Lacerations	Y N		

If a yes response is indicated, mark the body figures with the appropriate number in the area the abnormality is located. Add a description of these in the Comments section. Describe the color of all bruises and the color, length and width of all scratches and lacerations.



Comments:

Form Completed by: _____ ☐A/M ☐P/M

Name Date Time

Reviewed by: _____

Name Date