

BODY CHECK REPORT

Name: _____ Date: _____

Time of Body Check: _____ AM _____ PM

Body Check Completed By: _____
(Name/Title)

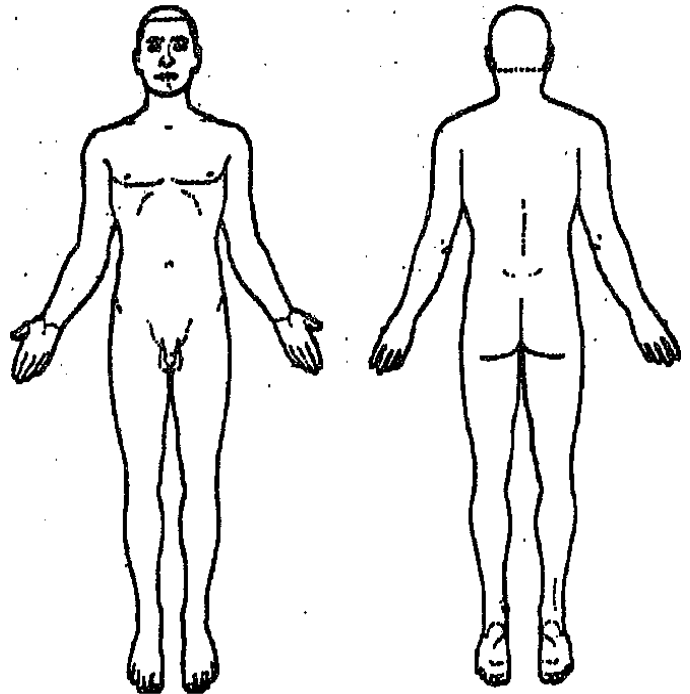
The purpose of the body check is to provide the agency with an accurate record of injuries or body marks which the staff observes. An Incident Report Form should be completed and attached to this form.

Check and describe as needed:

Type of Injury: _____ Scratch _____ Laceration _____ Bruise _____ Bite _____ Swelling
_____ Other (describe) _____

Injury took place at: _____ CILA house _____ Other _____

Circle the part of the body part(s) injured or marked:



Signature:

Email: