

Additional Information/or Administrative Follow-Up:

A. Further Medical Follow-up:

B. Administrative Action:

Printed Name: _____

Signature: _____

Title: _____

Date: _____

Body Part Injured:

Head or Face

Neck or Chest

Mouth / Teeth

Abdomen

Hands/Arms

Back/Buttocks

Feet/Legs

Genitals

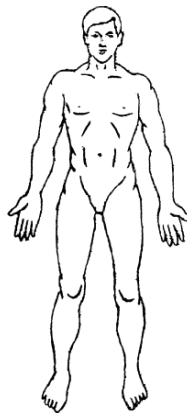
Check All Areas Injured

Anterior

Posterior

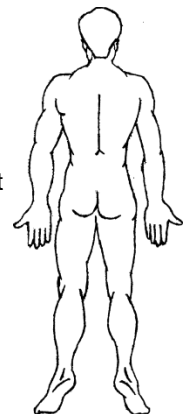
Detailed description of area(s) injured:

Right



Left

Left



Right

Causes and Contributing Factors:

Preventive measures: (For Provider's internal use)

Administrator Review: _____

Date: _____