



Additional Information/or Administrative Follow-Up:

A. Further Medical Follow-up:

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B. Administrative Action:

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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:

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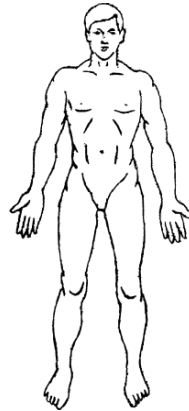
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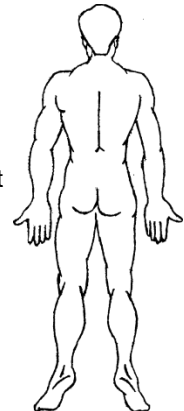
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Right



Left

Left



Right

Causes and Contributing Factors:

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Preventive measures: (For Provider's internal use)

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Administrator Review: \_\_\_\_\_

Date: \_\_\_\_\_