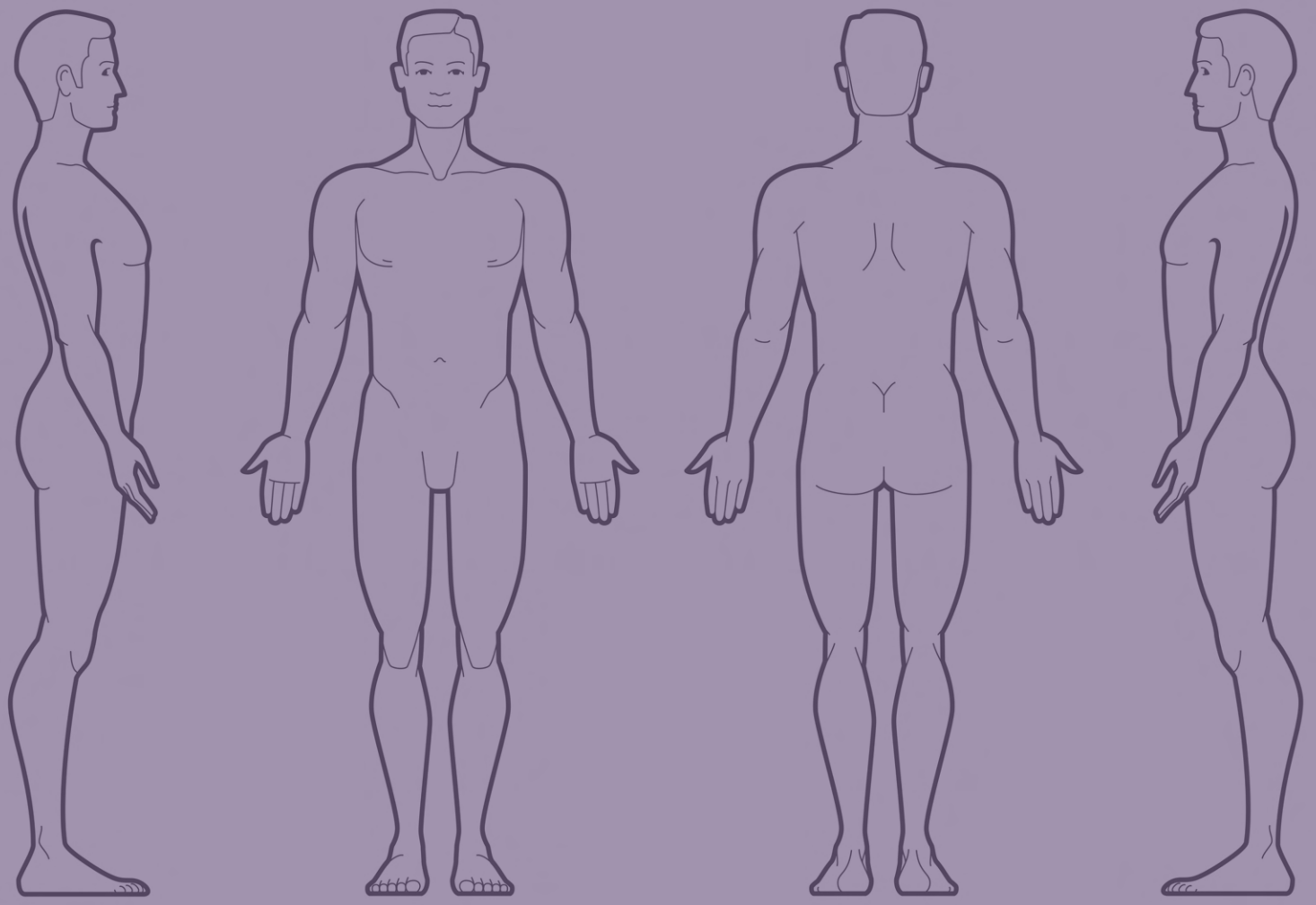
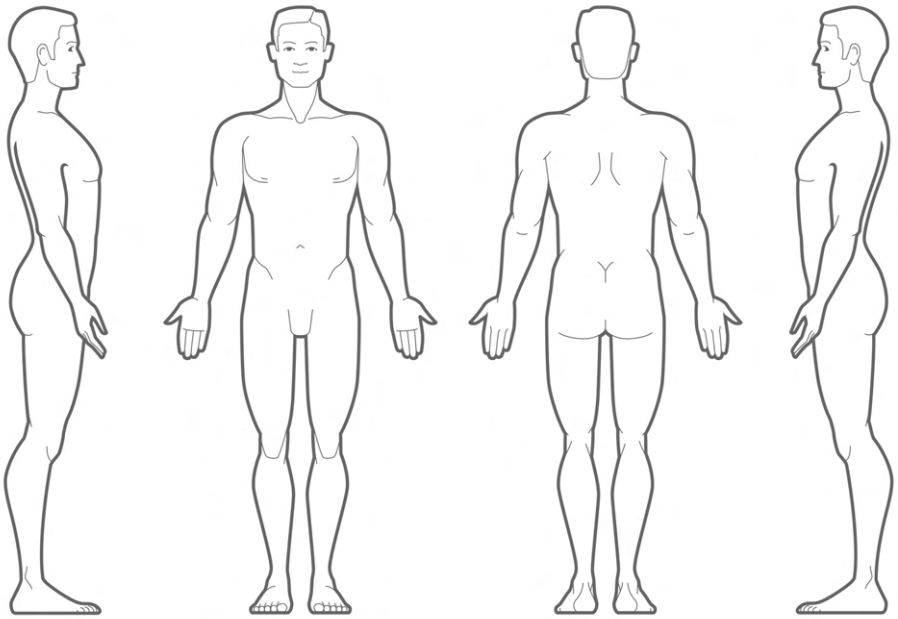
SAMPLE BODY CHECK FORM



SAMPLE BODY CHECK FORM

Instructions: Mark on the diagram the location of the injury with the corresponding letters from the key below. Whenever possible, 2 staff are to complete the body check.

Name_____ Date_____ Time _____



☐ Check here if no marks or injuries noted.

KEY			
A - Abrasion/Scratch	C - Cut/Laceration	BL - Blister	BL - Blister
ST - Skin Tear	O - Open Area/Wound	BR - Bruise/Discoloration	BU - Burn/Scald
B - Bite (human/animal)	SO - Sore/Tender	D - Damaged Teeth	P - Possible Head Injury
SW - Swelling	N - Nothing Noted	RA - Rash	Other:

Circle one: Whole Body Check | Partial Body Check

If partial body check, what areas were not checked? _____

Description of Findings:

Possible cause of mark or injury?

Were marks or injuries noted on previous body check? Y or N
Date of previous body check: _____

Injury above the neck? Y or N
If yes, was Head Injury Protocol started? Y or N

RN notification of marks or injuries? Y or N
Person notified (print clearly): _____
Date/Time notified: _____
Notified by (print clearly):_____

Manager/Supervisor notification of marks or injuries? Y or N
Person notified (print clearly): _____
Date/Time notified: _____
Notified by (print clearly): _____

Family notified of marks or injuries? Y or N
Person notified (print clearly): _____
Date/Time notified: _____
Notified by (print clearly): _____

Photos taken? Y or N
Note: Only agency issued equipment to be used for taking photos.

Findings noted in Communication Log? Y or N

Comments?

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RN Review/Findings: _____
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_____
RN (print): _____ Sign: _____ Date: _____

Manager Review/Findings: _____
_____
_____
Manager (print): _____ Sign: _____ Date: _____

Staff (print): _____ Sign: _____ Date: _____

Witness (print): _____ Sign: _____ Date: _____