

Sierra Peitersen Daily Bruise Check

Month/Year: \_\_\_\_\_

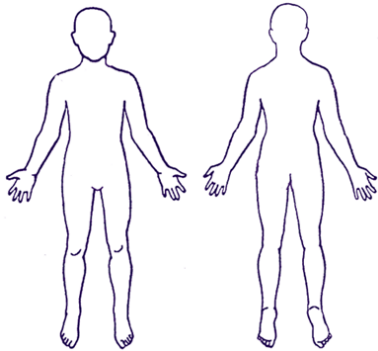
This form is to be completed every shift to include: before Sierra goes to bed, upon awaking, and time of bathing.

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

Time: \_\_\_\_\_

Injuries/Bruises present: Yes No (circle)

If yes, mark location below:



Comments: \_\_\_\_\_

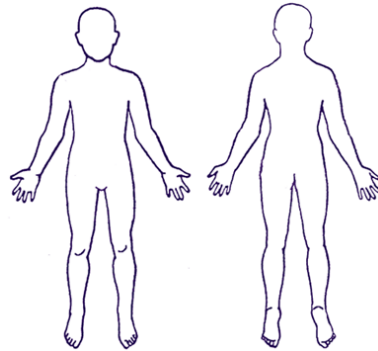
\_\_\_\_\_  
\_\_\_\_\_

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

Time: \_\_\_\_\_

Injuries/Bruises present: Yes No (circle)

If yes, mark location below:



Comments: \_\_\_\_\_

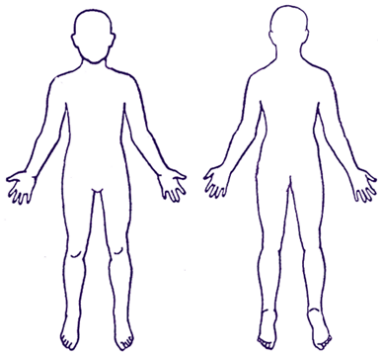
\_\_\_\_\_  
\_\_\_\_\_

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

Time: \_\_\_\_\_

Injuries/Bruises present: Yes No (circle)

If yes, mark location below:



Comments: \_\_\_\_\_

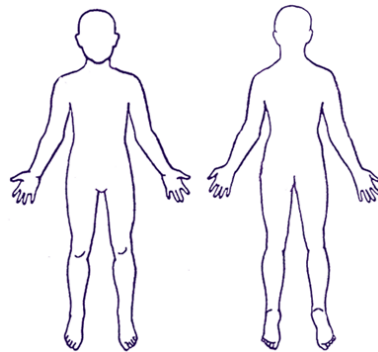
\_\_\_\_\_  
\_\_\_\_\_

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

Time: \_\_\_\_\_

Injuries/Bruises present: Yes No (circle)

If yes, mark location below:



Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_