Sierra Peitersen Daily Bruise Check

Month/Year: _____ This form is to be completed every shift to include: before upon awaking, and time of bathing.

Comments:

goes to bed,

Date:	Date:
Time:	Time:
Injuries/Bruises present: Yes No (circle) If yes, mark location below:	Injuries/Bruises present: Yes No (circle) If yes, mark location below:
Comments:	Comments:
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Date:	Date: Time:
Time: Injuries/Bruises present: Yes No (circle)	Injuries/Bruises present: Yes No (circle)
If yes, mark location below:	If yes, mark location below:
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Comments: