

Sierra Peitersen Daily Bruise Check

Month/Year: _____

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

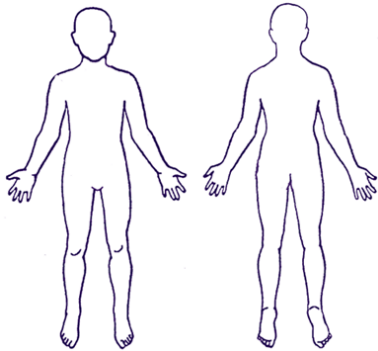
goes to bed,

Date: _____

Time: _____

Injuries/Bruises present: Yes No (circle)

If yes, mark location below:



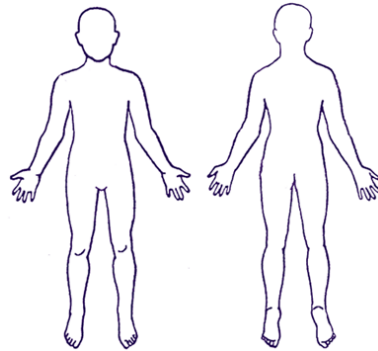
Comments: _____

Date: _____

Time: _____

Injuries/Bruises present: Yes No (circle)

If yes, mark location below:



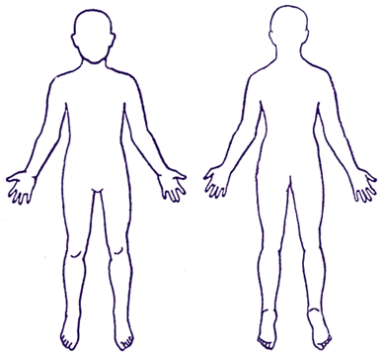
Comments: _____

Date: _____

Time: _____

Injuries/Bruises present: Yes No (circle)

If yes, mark location below:



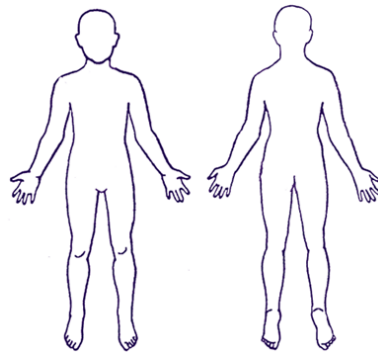
Comments: _____

Date: _____

Time: _____

Injuries/Bruises present: Yes No (circle)

If yes, mark location below:



Comments: _____

