

\_\_\_\_\_ Body Mark Check

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

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

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

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

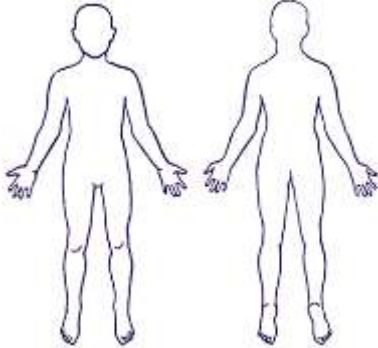
Staff: \_\_\_\_\_

Bruise present: Yes No (circle)

If yes, mark location below:

Front

Back



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

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

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

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

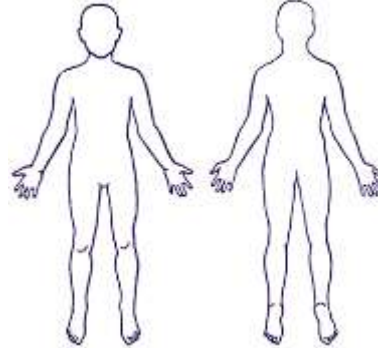
Staff: \_\_\_\_\_

Bruise present: Yes No (circle)

If yes, mark location below:

Front

Back



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

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

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

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

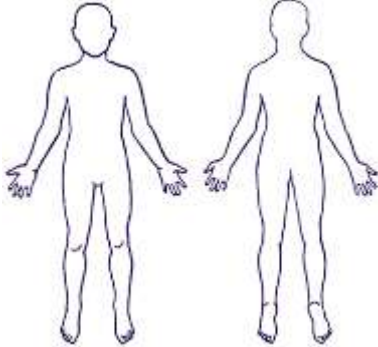
Staff: \_\_\_\_\_

Bruise present: Yes No (circle)

If yes, mark location below:

Front

Back



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

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

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

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

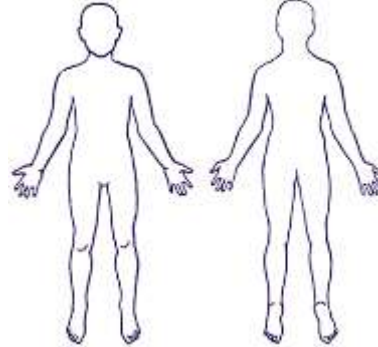
Staff: \_\_\_\_\_

Bruise present: Yes No (circle)

If yes, mark location below:

Front

Back



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

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