

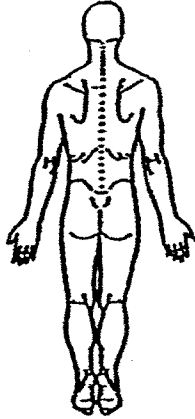
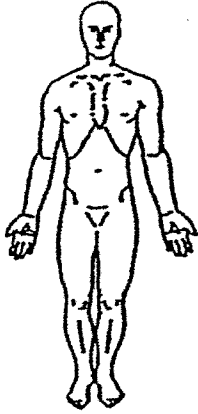
HISTORY OF INJURIES

NAME _____

DATE _____

PLEASE MARK ALL PLACES THAT HAVE EVER BEEN INJURED

Sprains/Strains, Broken Bones, Severe Bruises, Surgery, Scars, Head Bumps, Cuts, Burns, etc.

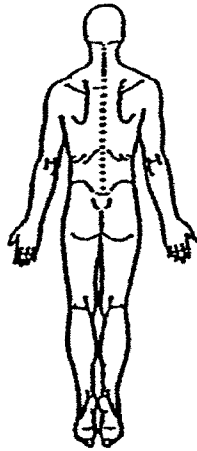
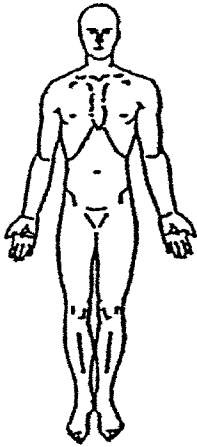


What happened?

When did it happen?

What happened?

When did it happen?



What happened?

When did it happen?

