

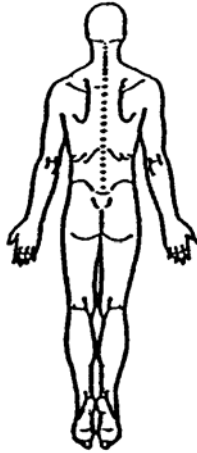
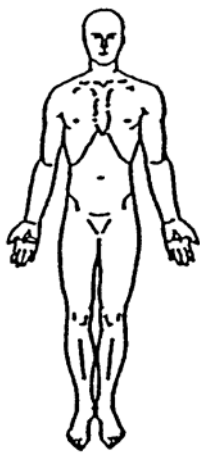
HISTORY OF INJURIES

NAME _____ DATE _____

PLEASE MARK ALL PLACES THAT HAVE EVER BEEN INJURED

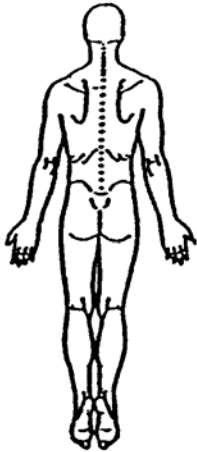
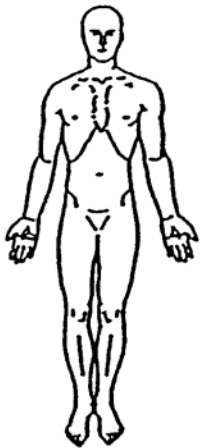
(Sprains/Strains, Broken Bones, Severe Bruises, Surgery, Scars, Head Bumps, Cuts, Burns, Etc.)

Error!



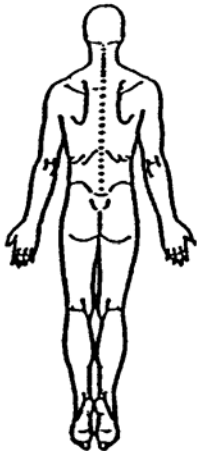
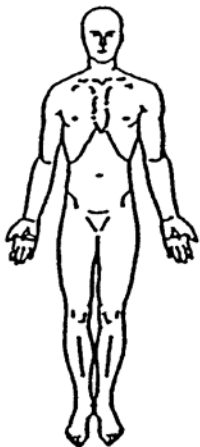
What happened?

When did it happen?



What happened?

When did it happen?



What happened?

When did it happen?