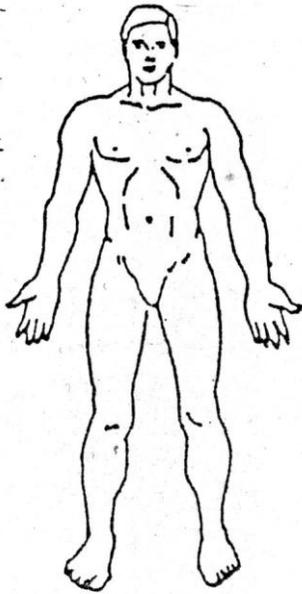
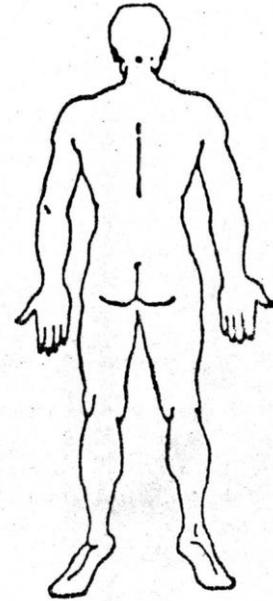


Indicate on the Diagram the Location of the Injury:



Type of Injury

- 1. Laceration _____
 - 2. Hematoma _____
 - 3. Abrasion _____
 - 4. Burn _____
 - 5. None apparent _____
 - 6. Other _____
- Specify: _____



Was a CEP filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Date Internal Review was Completed:	Date Sent Internal Review to Licensor:
Reported incident to caseworker? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:	
Reported incident to licensor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:	
Reported incident to guardian/legal representative? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:	

Report completed by: _____ Telephone: _____

Reporter's Signature: _____ Date: _____

Follow up: _____

