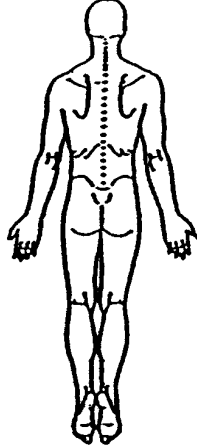
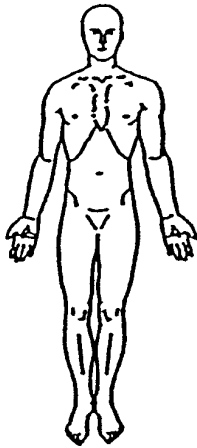


HISTORY OF INJURIES

NAME _____ DATE _____

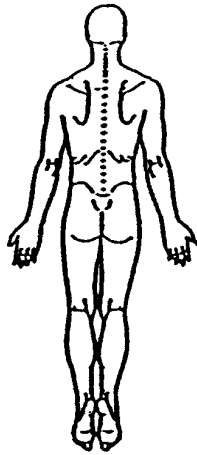
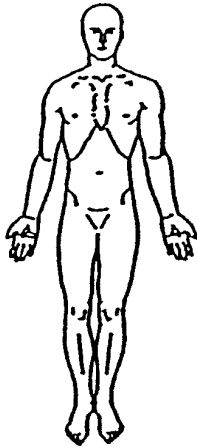
PLEASE MARK ALL PLACES THAT HAVE EVER BEEN INJURED

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



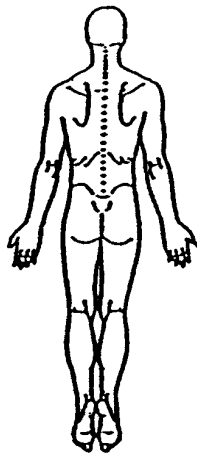
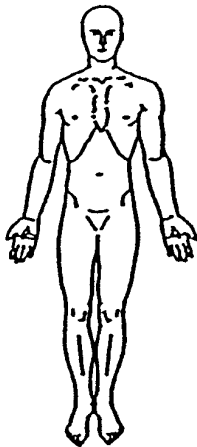
What happened?

When did it happen?



What happened?

When did it happen?



What happened?

When did it happen?