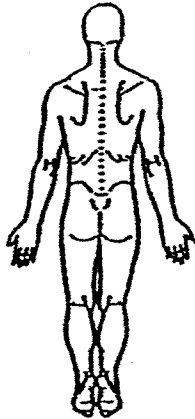
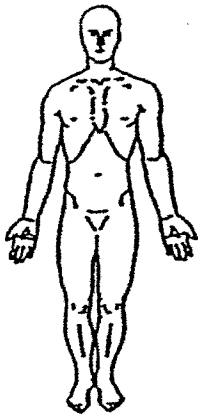


HISTORY OF INJURIES

NAME _____

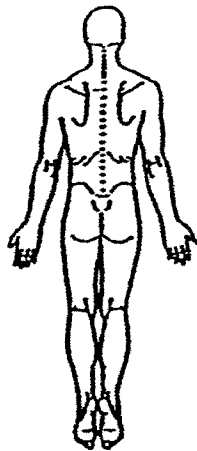
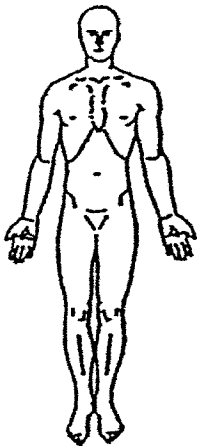
DATE _____

PLEASE MARK ALL PLACES THAT HAVE EVER BEEN INJURED
Sprains/Strains, Broken Bones, Severe Bruises, Surgery, Scars, Head Bumps, Cuts, Burns, etc.



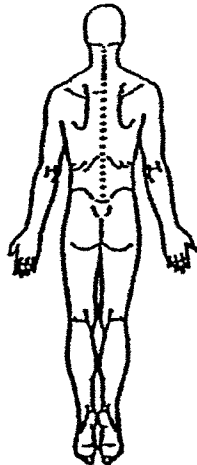
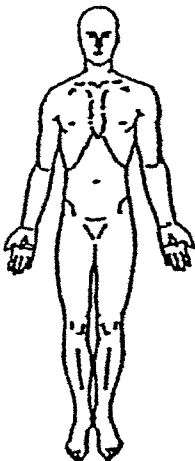
What happened?

When did it happen?



What happened?

When did it happen?



What happened?

When did it happen?