

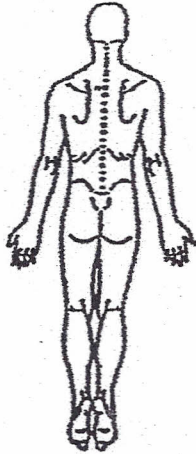
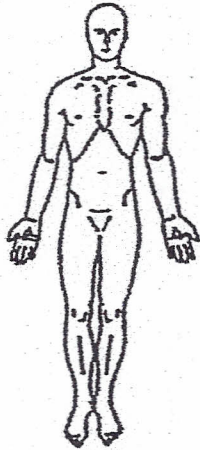
# HISTORY OF INJURIES

NAME \_\_\_\_\_

DATE \_\_\_\_\_

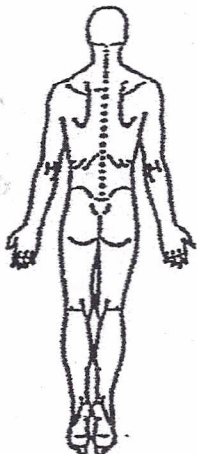
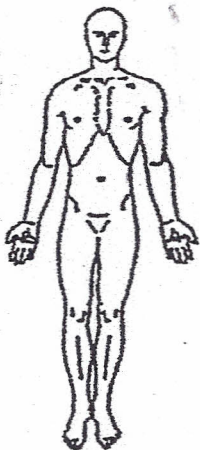
**PLEASE MARK ALL PLACES THAT HAVE EVER BEEN INJURED**

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



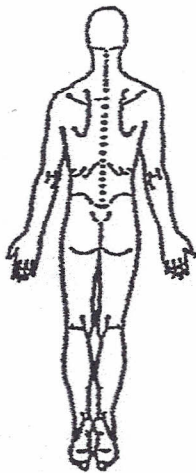
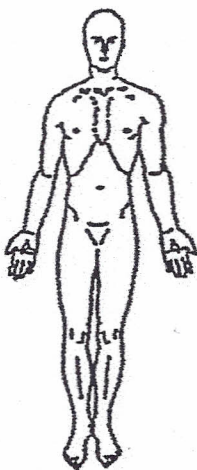
What happened?

When did it happen?



What happened?

When did it happen?



What happened?

When did it happen?