

SD Associates, LLC

Behavioral Services Assessment, Consultation, Training and Direct Service
www.sdplus.org (802) 662-7831

Injury/Body Check Form – Staff and Student

For Staff Injuries: After completing this form, scan and send it to sirf@sdplus.org, sdhumanresources@sdplus.org and the case behavior analyst.

For Student Injuries: After completing this form, scan and send it to sirf@sdplus.org and the case behavior analyst.

Please use subject line **“Injury report for (insert your name or the client’s number) on (date)”**

Ex. Injury report for John Smith on 7.19.2022 -OR- Injury report for 123 on 7.19.2022

The following describes an injury to (staff name or student number): _____

If this is for a student, did they come in with the injury? Yes No

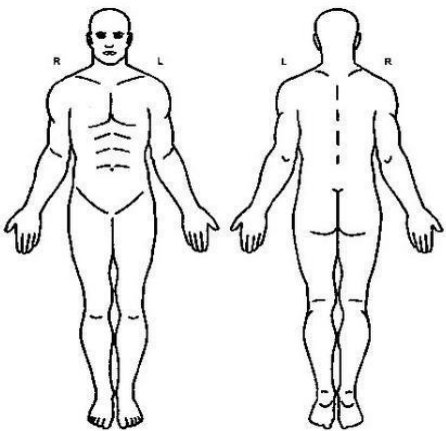
Case Behavior Analyst: _____ Date completed on: _____ Time: _____

Staff involved: _____

Recorder: _____

Injury reviewed by 3rd party: (someone not involved in incident) **REQUIRED**

Please circle area(s) affected on image below and circle descriptors in table to describe the injury. Number each area if more than one.

	<u>Area/Injury 1</u> Injury Type: Bruise Redness Scratch Raised/Swollen Cut Bleeding: Yes No Size: 0-1 in 1-3 in 3+ inches Shape: Round Rectangular Spotch/Irregular	<u>Area/Injury 2</u> Injury Type: Bruise Redness Scratch Raised/Swollen Cut Bleeding: Yes No Size: 0-1 in 1-3 in 3+ inches Shape: Round Rectangular Spotch/Irregular
	<u>Area/Injury 3</u> Injury Type: Bruise Redness Scratch Raised/Swollen Cut Bleeding: Yes No Size: 0-1 in 1-3 in 3+ inches Shape: Round Rectangular Spotch/Irregular	<u>Area/Injury 4</u> Injury Type: Bruise Redness Scratch Raised/Swollen Cut Bleeding: Yes No Size: 0-1 in 1-3 in 3+ inches Shape: Round Rectangular Spotch/Irregular

Please describe the incident leading up to the injury:

Action taken (circle and describe): First Aid Only Walk In Clinic Emergency Room****

Staff Injury Only

****If you need to visit a Walk In Clinic or Emergency Room fill out the additional information on the back of this document.**

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Date of Injury: ____/____/____

Time of Injury: ____ AM PM

Began shift: ____ AM PM

Location of incident: _____

Who was notified of injury: _____

Where was medical attention received: _____