

CALIFORNIA FAMILY LIFE CENTER FOSTER FAMILY AGENCY

Confidential

Body Check/Injury Verification

Facility: _____

Date of Body Check/Injury Verification: _____
Time of Body Check/Injury Verification: _____ AM PM

Staff Administering Body Check/Injury Verification:

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date

Juvenile Receiving Body Check/Injury Verification:

Juvenile's Name: _____ Juvenile's Sex: Male Female Weight _____

Juvenile's Age: _____ Juvenile's Date of Birth: _____

Date & Time injury reported: _____ AM PM

Date & Time injury discovered (if different than date and time injury reported: _____ AM PM

_____	_____	_____
Print Name	Signature	Date

Juvenile Refuses to Sign (check as applicable)

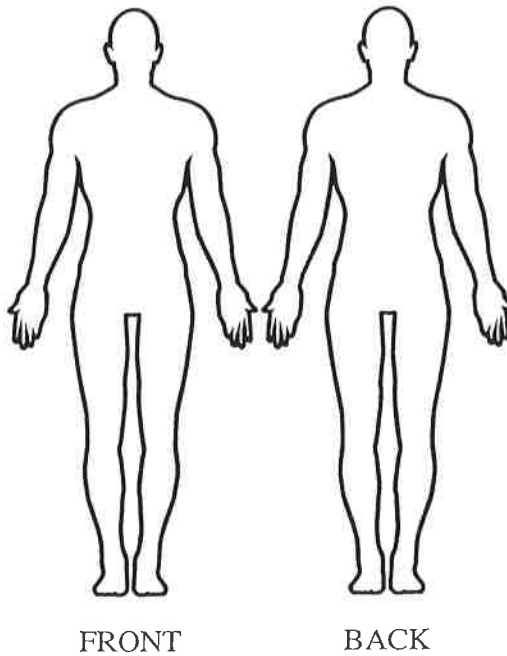
GUIDELINES

1. Use this form to record/verify any physical evidence of injury from an incident, OR in the event that a routine search following an off campus visit or return from runaway reveals an injury.
2. Two (2) staff members must be present during all body checks. The staff conducting checks involving removal of clothing must be of the same gender as the juvenile.
3. In the event that the removal of clothing is required, the juvenile should be moved into the bathroom or office, out of sight from other juveniles.
4. Mark and label on the body figure (on the reverse of this form) all bruises, cuts, burns, etc. on the body area in question.
5. Make any notations of findings/lack of findings under the comment section.
6. Both staff members and the juvenile must sign this form.

Body Check/Injury Verification (continued)

- | | Y | N | | Y | N |
|---------------------------------------|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|
| 1. Scrape/Abrasions..... | <input type="checkbox"/> | <input type="checkbox"/> | 7. Lesions | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Birthmark | <input type="checkbox"/> | <input type="checkbox"/> | 8. Rashes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Bruises..... | <input type="checkbox"/> | <input type="checkbox"/> | 9. Scars | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Scratches/Lacerations..... | <input type="checkbox"/> | <input type="checkbox"/> | 10. Tattoos | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Deformities..... | <input type="checkbox"/> | <input type="checkbox"/> | 11. Prosthesis..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Pierced ears/nose/body parts | <input type="checkbox"/> | <input type="checkbox"/> | | | |

If a yes response is indicated, mark the body figures with the appropriate number in the area the abnormality is located. Add a description of these in the comments section below. Describe the color of all bruises and the color, length and width of all scars.



Comments:

Form completed by: _____ [] AM [] PM
Print Name Date Time