

# *S<sup>D</sup> Associates LLC*

**Behavioral Services** Assessment, Consultation, Training and Direct Service  
 PO Box 150, St. Albans, VT 05478 ~ [www.sdplus.org](http://www.sdplus.org) ~ (802) 662-7831 ~ fax (802) 662-7834

## Injury/Body Check Form – Staff and Student

**For Staff Injuries:** After completing this form, scan and send it to the case behavior analyst, your supervisor and [sdhumanresources@sdplus.org](mailto:sdhumanresources@sdplus.org).

**For Student Injuries:** After completing this form, scan and send it to the case behavior analyst and [sdhumanresources@sdplus.org](mailto:sdhumanresources@sdplus.org).

Please use subject line **“Injury report for (insert your name or the client’s number) on (date)”**  
 Ex. *Injury report for John Smith on 10.10.2024 -OR- Injury report for 123 on 10.10.2024*

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

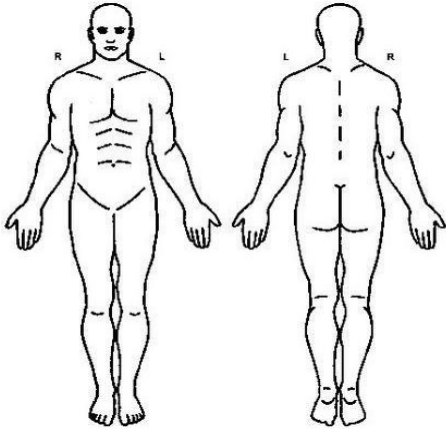
Case Behavior Analyst: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_

Staff involved: \_\_\_\_\_

Recorder: \_\_\_\_\_

Injury reviewed by 3<sup>rd</sup> 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.

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

Please describe the incident leading up to the injury:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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## **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.**

Began shift: \_\_\_\_\_ AM/PM

Location of incident: \_\_\_\_\_

Who was notified of injury: \_\_\_\_\_

Where was medical attention received: \_\_\_\_\_

Please send any additional documentation received to [sdhumanresources@sdplus.org](mailto:sdhumanresources@sdplus.org) following medical attention.