HEAD INJURY

STUDENT NAME:

WHEN, WHERE, HOW INJURY OCCURRED, COMPLAINTS REGARDING PAIN AND FUNCTION

TIME OF INCIDENT:

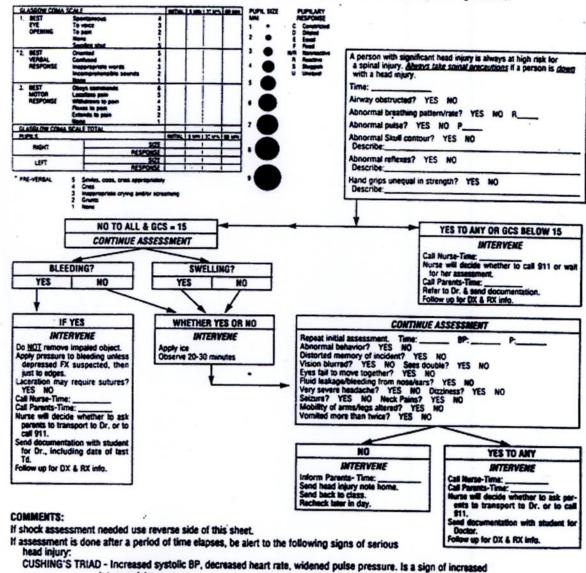
DATE:

ARRIVAL TIME IN HEALTH OFFICE:

DEPARTURE TIME AND DISPOSITION:

SIGNATURE:

Record assessments & interventions by circling Yes, No, & intervention done, plus filling in blanks.



intracranial pressure.

RACCOON EYES - Discoloration & swelling around both eyes. Suggests basilar skull FX or facial FX. BATTLE'S SIGN - Discoloration & swelling behind one or both ears. Suggestive of basilar skull FX.