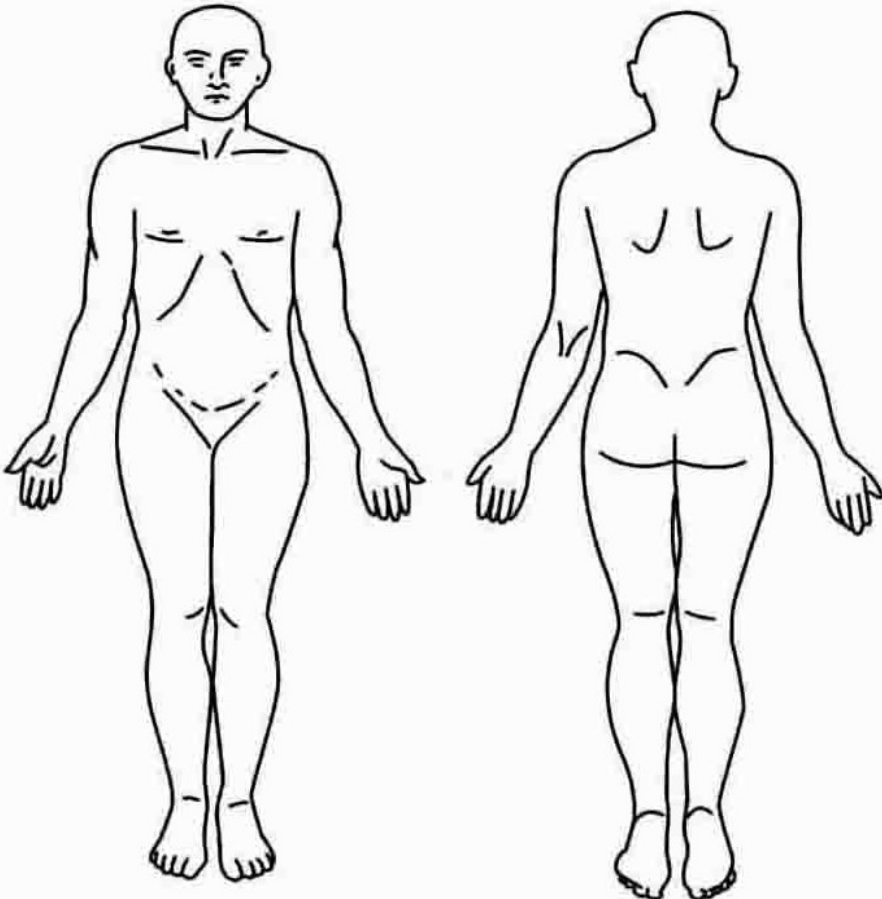


## Record of Injury APF7

The investigating worker should identify who is most appropriate to complete the form

Name of vulnerable adult	CareFirst number	Date of Birth	Date of observation

	<p style="text-align: center;">Additional notes</p>          
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Please circle: male / female

Nature of injury (please circle): Bruise / Pressure Sore / Cut / Burn / Other

Description of injury (include colour and size)		
Date injury alleged to have happened		
Name of observer	Role	Signature

