

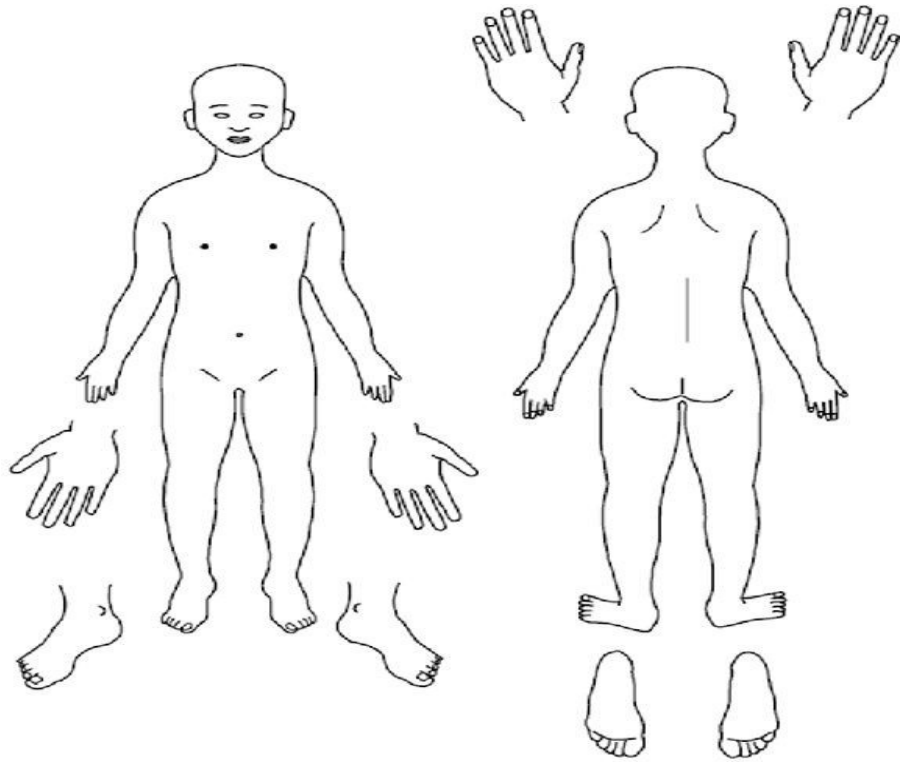


**Body map for reporting**

<b>Name of student:</b>	
<b>Class/Form:</b>	
<b>Date of Birth:</b>	
<b>Gender:</b>	
<b>Name &amp; designation of reporting person:</b>	
<b>Date &amp; time of recording:</b>	

Indicate site of injury or concerning marks using a cross on the relevant area of the body map. Provide additional detail/description in the space provided in the table underneath. Once completed, please pass on to the head of department.

<b><u>Additional detail/description</u></b>
---



<b>Signature of Head:</b>	
<b>Signature of school counselor:</b>	
<b>Signature of reporting person:</b>	