



Your Company Name
 123 Company Lane
 New York, NY 12345
 Tel. (123) 456-7890
 Fax. (123) 456-7890

Body Check Form

<p>WEEK #1</p>	<p>WEEK #2</p>
-----------------------	-----------------------

<p>WEEK #1</p> <p>CNA _____ Date _____</p> <p>Nurse _____ Date _____</p>	<p>WEEK #2</p> <p>CNA _____ Date _____</p> <p>Nurse _____ Date _____</p>
---	---

Month _____ Year _____

Showers Days & Shift _____

Check the resident's body thoroughly each week on shower days and identify redness, rashes, skin breaks and abrasions.

Indicate on the picture if present

If no impairments indicate none

Any skin impairments must be addressed immediately

Notify the RN unit coordinator or RN Supervisor

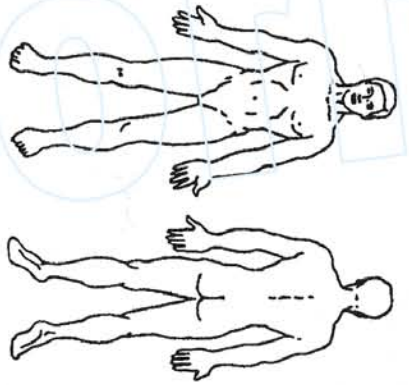
CNA accountability must be updated

Check palms of hands

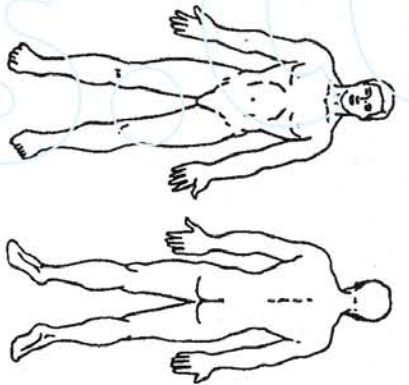
Cut finger nails

<p>WEEK #1</p>	<p>WEEK #2</p>
-----------------------	-----------------------

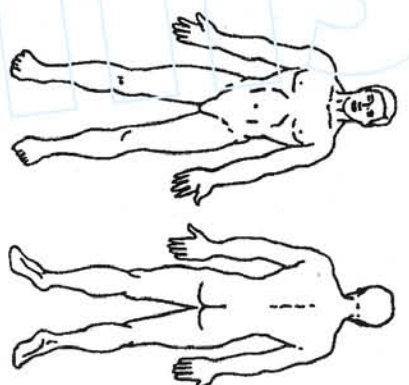
WEEK #3



WEEK #4



WEEK #5



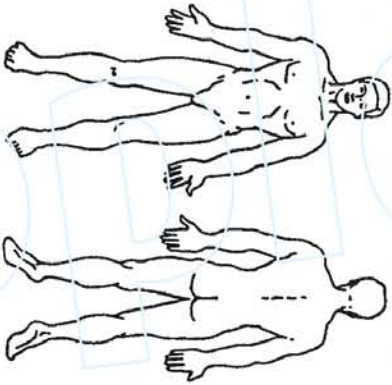
CNA

Date

Nurse

Date

WEEK #3



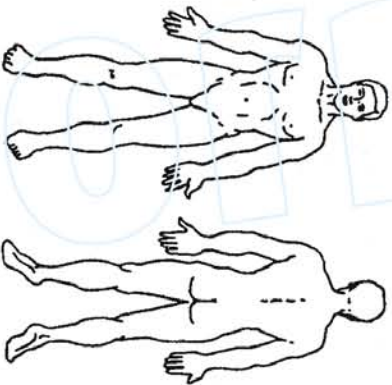
CNA

Date

Nurse

Date

WEEK #4



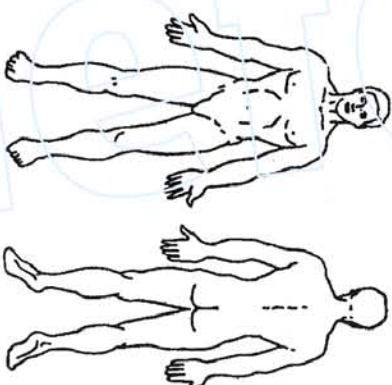
CNA

Date

Nurse

Date

WEEK #5



CNA

Date

Nurse

Date

CNA

Date

Nurse

Date

CNA

Date

Nurse

Date