

MSK SICK CALL SLIP

Patient Name: _____

Did Injury Occur within last 72 hrs? Y/N

Is Injury Musculoskeletal **ONLY**? Y/N

Date of Injury: _____

Body Part: _____

How Injury Occurred: _____

Referring Medic: _____

Unit: _____

Using the symbols given below, mark the area on your body where you feel the described sensations. Include all affected areas.

Aching △△△△	Numbers -----	Pins & Needles ○○○○○	Burning XXX	Stabbing /////	Other
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