

Injury Checklist

Print and use this convenient checklist to note injuries and other pain or uncomfortable symptoms that you are experiencing since your accident occurred.

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| <input type="checkbox"/> Headaches | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Numbness in hands & feet | <input type="checkbox"/> Ache all over |
| <input type="checkbox"/> Stiff or painful neck | <input type="checkbox"/> Loss of neck motion |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Loss of balance |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Loss of hearing |
| <input type="checkbox"/> Double Vision | <input type="checkbox"/> Cold hands or feet |
| <input type="checkbox"/> Painful back | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Muscle spasm | <input type="checkbox"/> Poor memory |
| <input type="checkbox"/> Nervousness | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Tingling in limbs | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Ringing in ears | <input type="checkbox"/> Rapid heartbeat |
| <input type="checkbox"/> Painful joints | <input type="checkbox"/> Tension |
| <input type="checkbox"/> Any changes from pre-accident condition | |