Seizure Log

Individual's Name:	**Month:**	**Year:**

Seizure Description

Time: _____ O am O pm Length: _____ How many: _____ O Grand O Petit	Injury? O No O Yes If yes, please explain:	✓**Any if Occurred:** ☐Hard Jerking of Body ☐Unconsciousness ☐Behavior Change ☐Incontinent (Bowel/Bladder) ☐Lips Turned Blue	Please comment/describe your observation:
Staff Signature:		**Date:**	
Time: _____ O am O pm Length: _____ How many: _____ O Grand O Petit	Injury? O No O Yes If yes, please explain:	✓**Any if Occurred:** ☐Hard Jerking of Body ☐Unconsciousness ☐Behavior Change ☐Incontinent (Bowel/Bladder) ☐Lips Turned Blue	Please comment/describe your observation:
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By typing your name, you are effectively signing this document. Your typed name is acceptable as a replacement for your written signature.