

SEIZURE RECORD				Consumer Name:		
				CID:		
Date	Type of Seizure Activity	Duration	Injury		Aspiration	Signature
			Y	N	Y	N
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff Response						
Date	Type of Seizure Activity	Duration	Injury		Aspiration	Signature
			Y	N	Y	N
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff Response						
Date	Type of Seizure Activity	Duration	Injury		Aspiration	Signature
			Y	N	Y	N
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff Response						
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Staff Response						
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			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff Response						