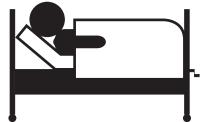


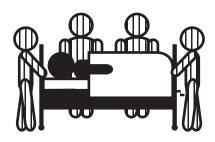
## PATIENT HANDLING & MOVEMENT SIGN



BED REST



ASSISTANCE WITH BED MOBILITY



LOG ROLL



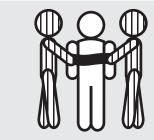
TWO OR MORE PERSON WITH SLIDERS



**MECHANICAL LIFT** 



**SIT-STAND LIFT** 



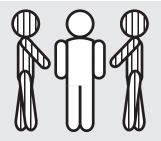
MINIMAL (2 PERSON WITH TRANSFER BELT)



MINIMAL (1 PERSON WITH TRANSFER BELT)



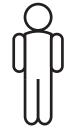
TWO-PERSON SIDE-BY-SIDE TRANSFER



SUPERVISED (2 PERSON STANDBY ASSIST)



STANDBY ASSIST



INDEPENDENT (NO ASSISTANCE REQUIRED)



BRACES OR SPLINTS REQUIRED



- ☐ CANE
- **□** CRUTCHES
- $\square$  STRETCHER
- ☐ TRANSFER BOARD
- ☐ WALKER
- ☐ WHEELCHAIR
- □ OTHER

SHEET TO ACCOMPANY THE PATIENT DURING TRANSPORT

DISCARD IN CONFIDENTIAL WASTE