Holly Area Schools

Urinary Catheterization Log

Student's Name: ______________________________ School Year :__________________
Date of Birth: _______________ School/Program: ________________________________
Age: __________ Grade: ____________ Teacher: ______________________________
Type of Tube: ___________ Brand: _______________ Location: ____________________
Frequency: _____________________ Time of day/Location: ______________________

Date	Time Started	Time Finished	Urine Removed	Tolerated w/o Incident	Initials
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
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				☐ Yes ☐ No	
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				☐ Yes ☐ No	
				☐ Yes ☐ No	

Staff Signature	Staff Initials	Date