

MONTHLY CLEAN INTERMITTENT CATHETERIZATION RECORD

Student Name:										D.O.B.:						School Name:																	
Person Designated for CIC:										<i>Initial on completion of each CIC</i>						Instructions/Comments:																	
Backup:										<i>Initial on completion of each CIC</i>																							
Month / Year	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
SEPT																																	
OCT																																	
NOV																																	
DEC																																	
JAN																																	
FEB																																	
MAR																																	
APR																																	
MAY																																	
JUNE																																	