

Please indicate all injuries checked above on the body maps below.

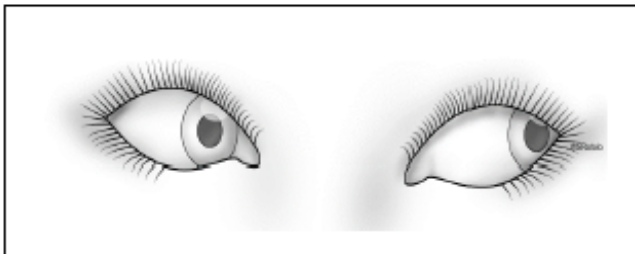
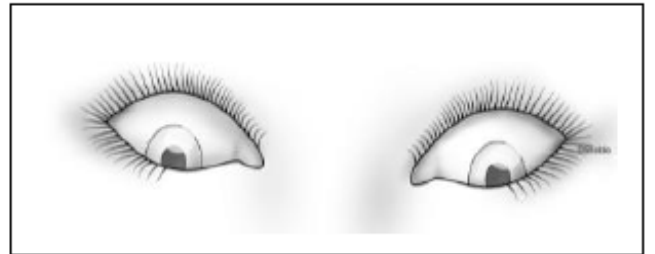
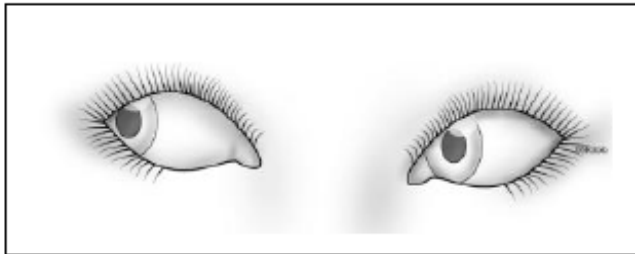
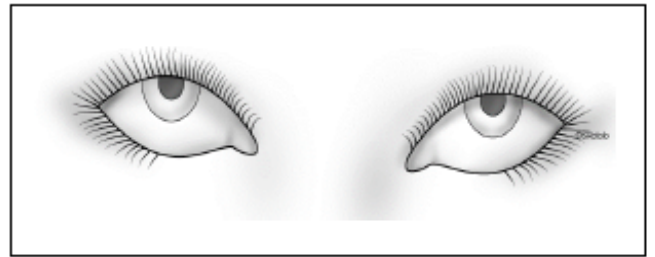
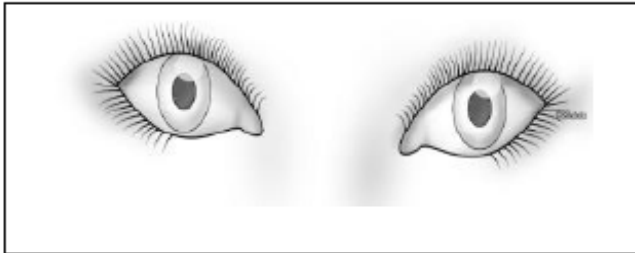


Photo-documentation of findings: Yes No

Notes _____

