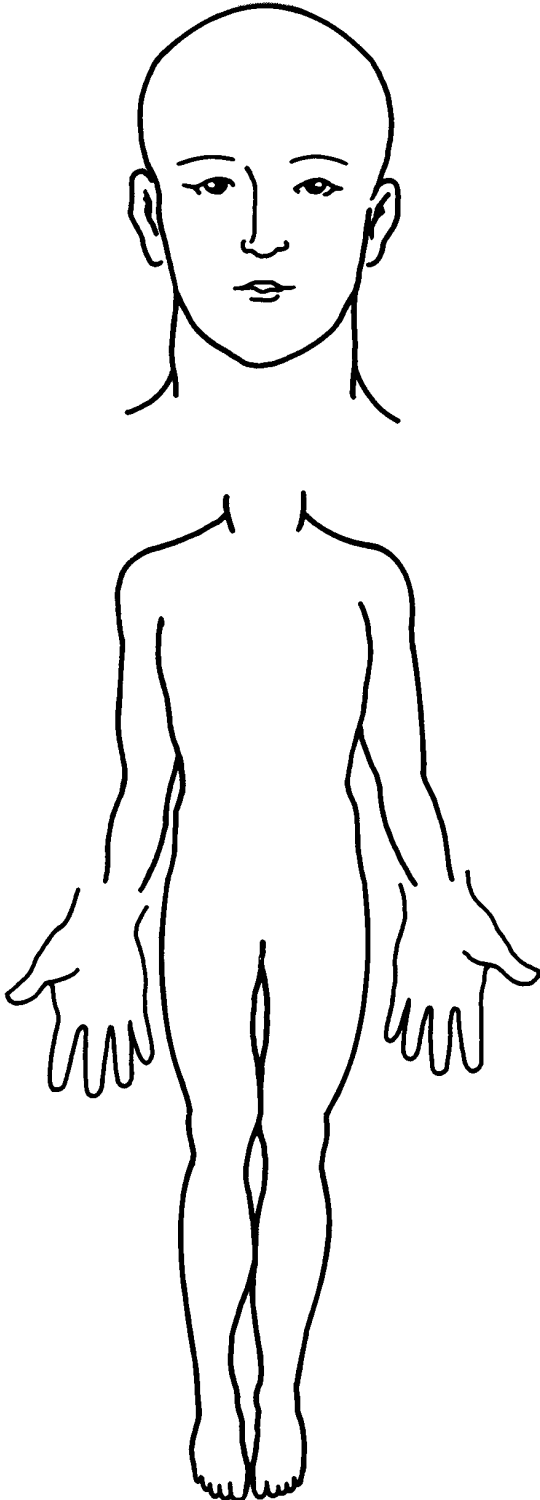
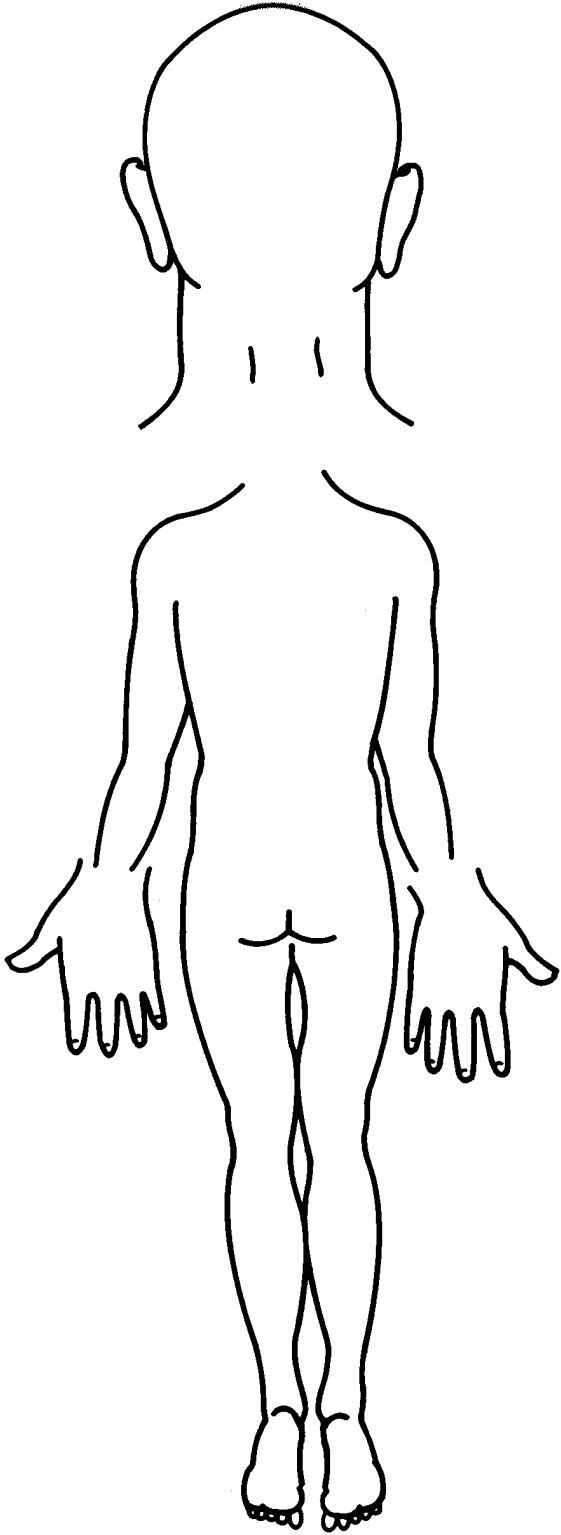


|   | Abnormal<br>(specify) |   |
|---|-----------------------|---|
| <input type="checkbox"/> Face<br><input type="checkbox"/> Eyes<br><input type="checkbox"/> Nose<br><input type="checkbox"/> Mouth<br><input type="checkbox"/> Ears<br><input type="checkbox"/> Neck<br><input type="checkbox"/> Shoulders<br><input type="checkbox"/> Breasts<br><input type="checkbox"/> Thorax<br><input type="checkbox"/> Upper arm<br><input type="checkbox"/> Lower arm<br><input type="checkbox"/> Hands<br><input type="checkbox"/> Abdomen<br><input type="checkbox"/> Upper leg<br><input type="checkbox"/> Lower leg<br><input type="checkbox"/> Feet |                       |  |
| <p><b>Measure, describe and show:</b><br/>           Bruises<br/>           Abrasions<br/>           Lacerations<br/>           Areas of pain and tenderness</p>  |                       |   |

| Normal (tick)   | Abnormal (specify) |  |
|---|--------------------|---|
| <input type="checkbox"/> scalp<br><input type="checkbox"/> ears<br><input type="checkbox"/> neck<br><input type="checkbox"/> shoulders<br><input type="checkbox"/> back<br><input type="checkbox"/> upper arm<br><input type="checkbox"/> lower arm<br><input type="checkbox"/> hands<br><input type="checkbox"/> buttocks<br><input type="checkbox"/> upper leg<br><input type="checkbox"/> lower leg<br><input type="checkbox"/> feet |                    |   |
| <p><b>Measure, describe and show:</b></p> <p>Bruises<br/>           Abrasions<br/>           Lacerations<br/>           Areas of pain and tenderness<br/>           Fractures etc.</p>  |                    |   |