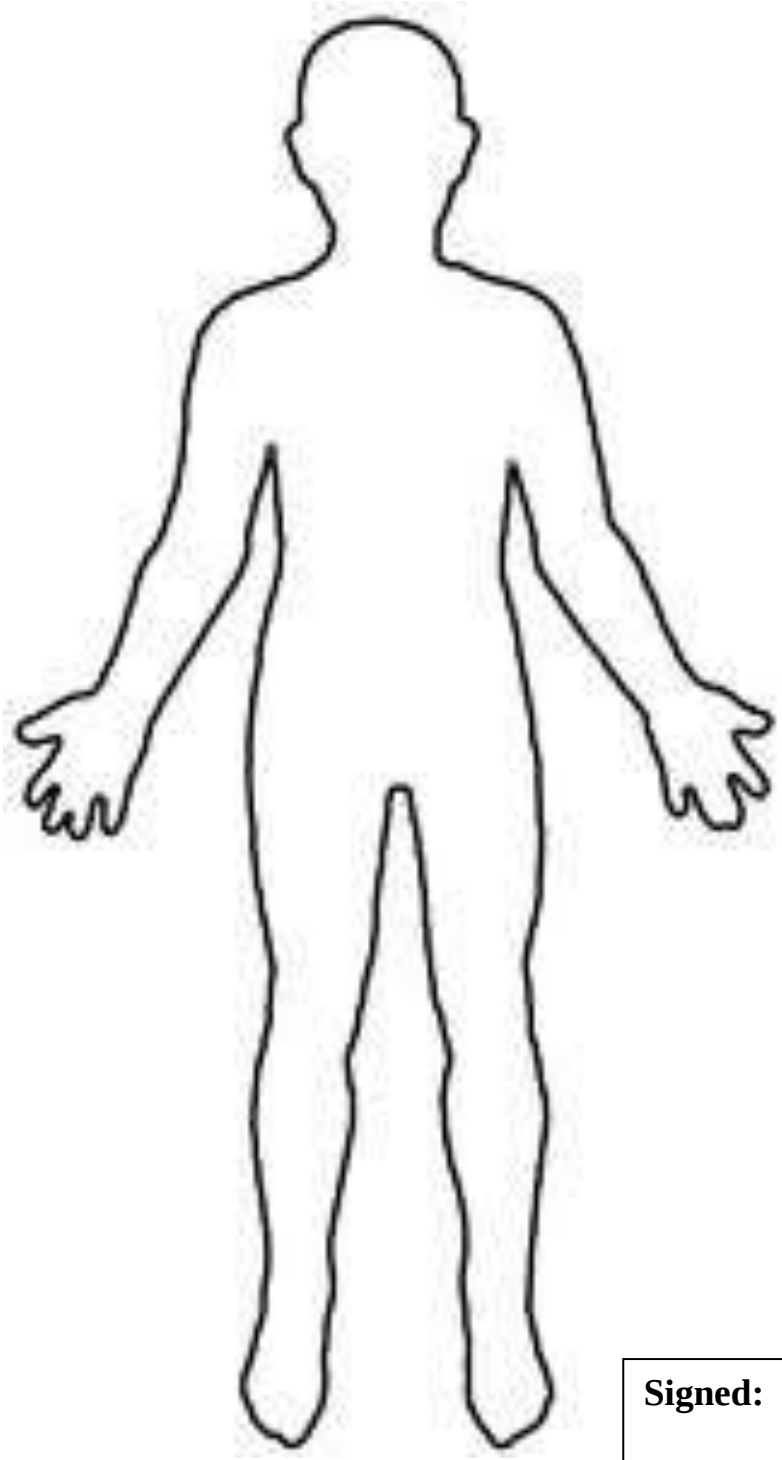
Record Sheet		
Code		
Date	**Observation**	**Signed**

Code:	**Date:**
Indicate signs of injury, if necessary, on outline below:	



Signed: