

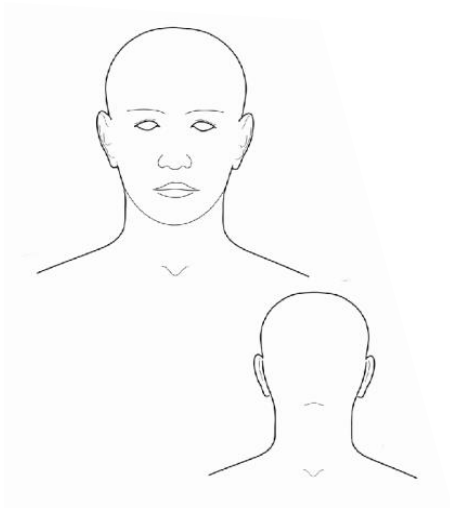
Health Services Physical Condition Statement

Name: _____

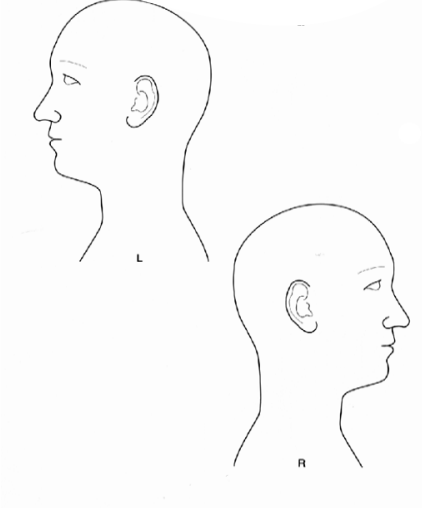
Date _____

Time _____

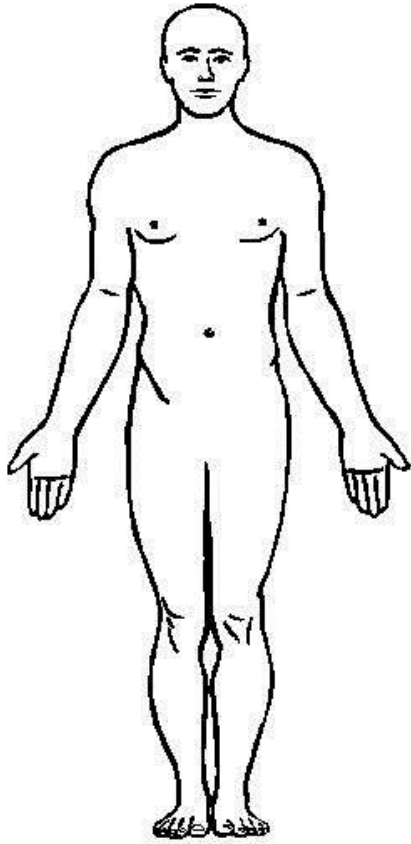
Place of Observation _____



Front view
Comments and description of injury:

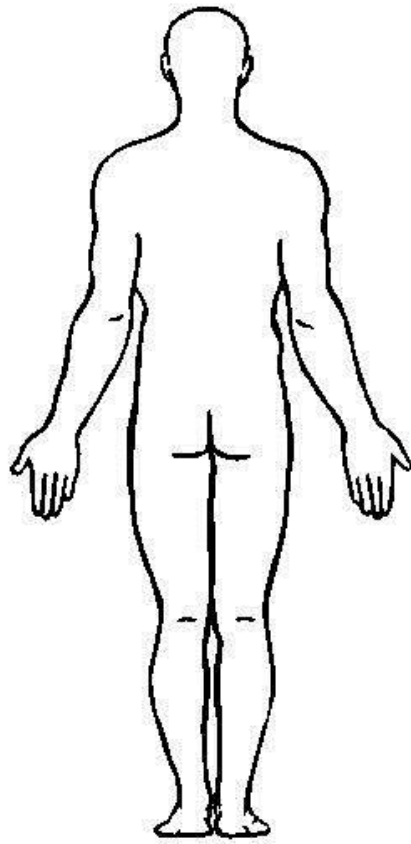


Side view
Comments and description of injury:



Front view

Comments and description of injury:



Back view

Comments and description of injury:
