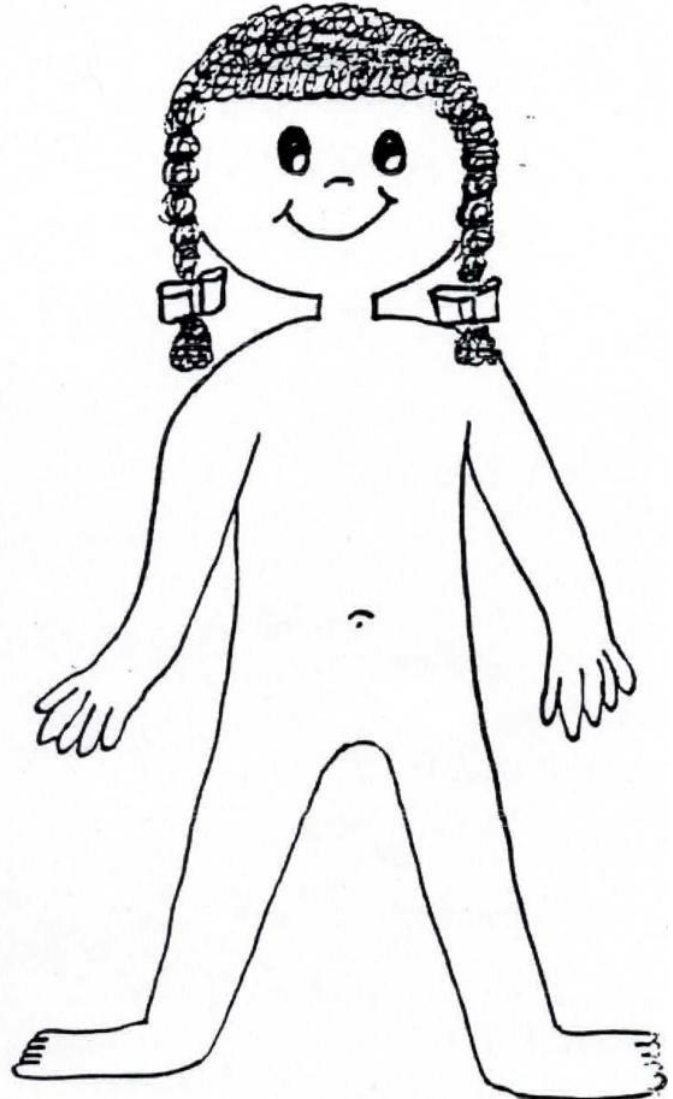
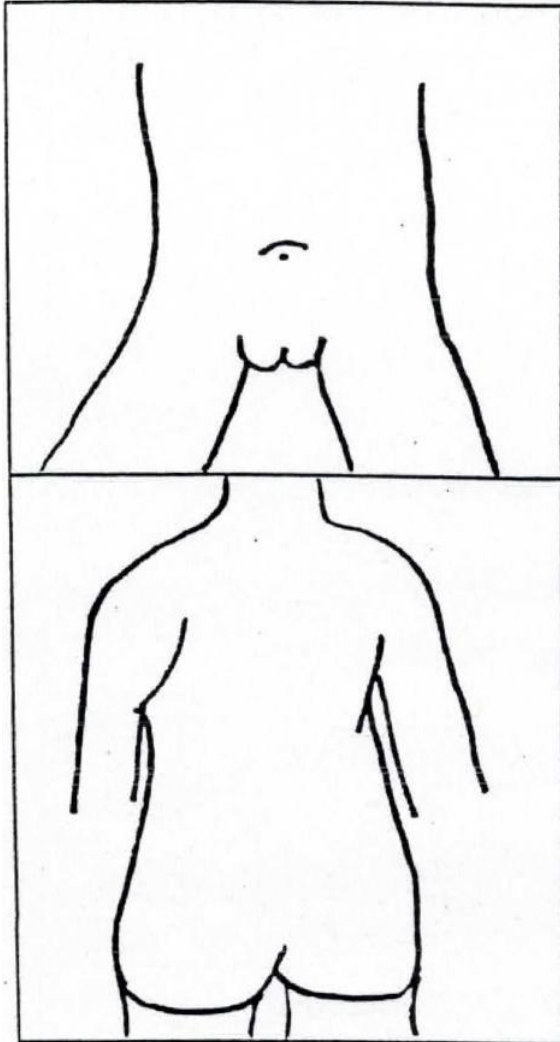


INITIAL BODY CHECK

Name: _____

Date: _____ D.O.P. _____

Resource Home _____



COMMENTS: _____

Signature: _____ Date: _____