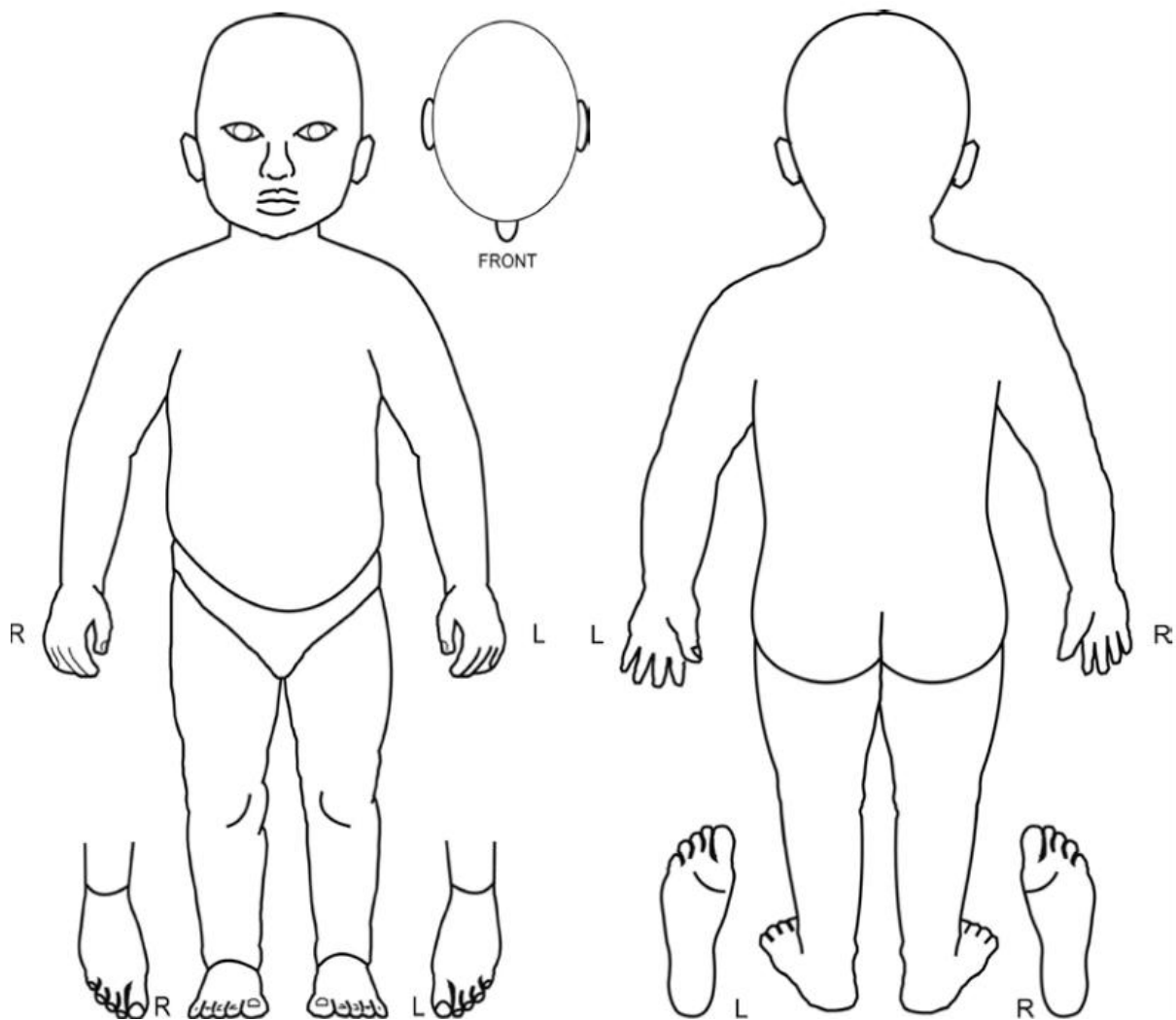


Body Chart



Child's name:
Date of birth:
Date/time of skin markings/injuries observed:
Who injuries observed by:
Information recorded:
Date:
Time:
Name: Signature: