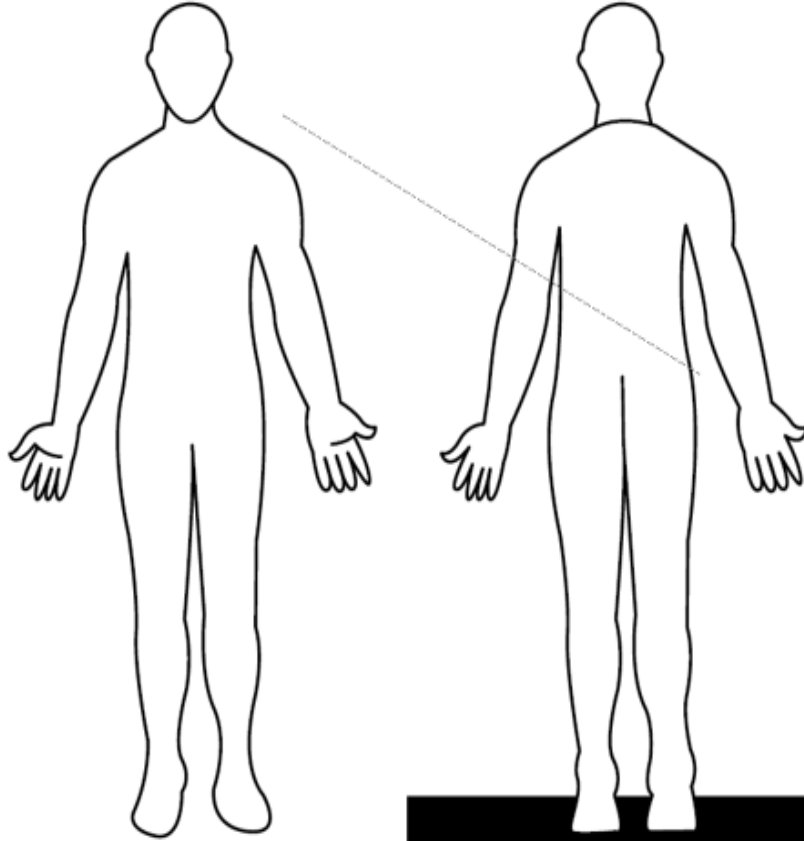


# Body Map

Name of Resident: \_\_\_\_\_



**Front**

**Back**

Comments

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Time: \_\_\_\_\_