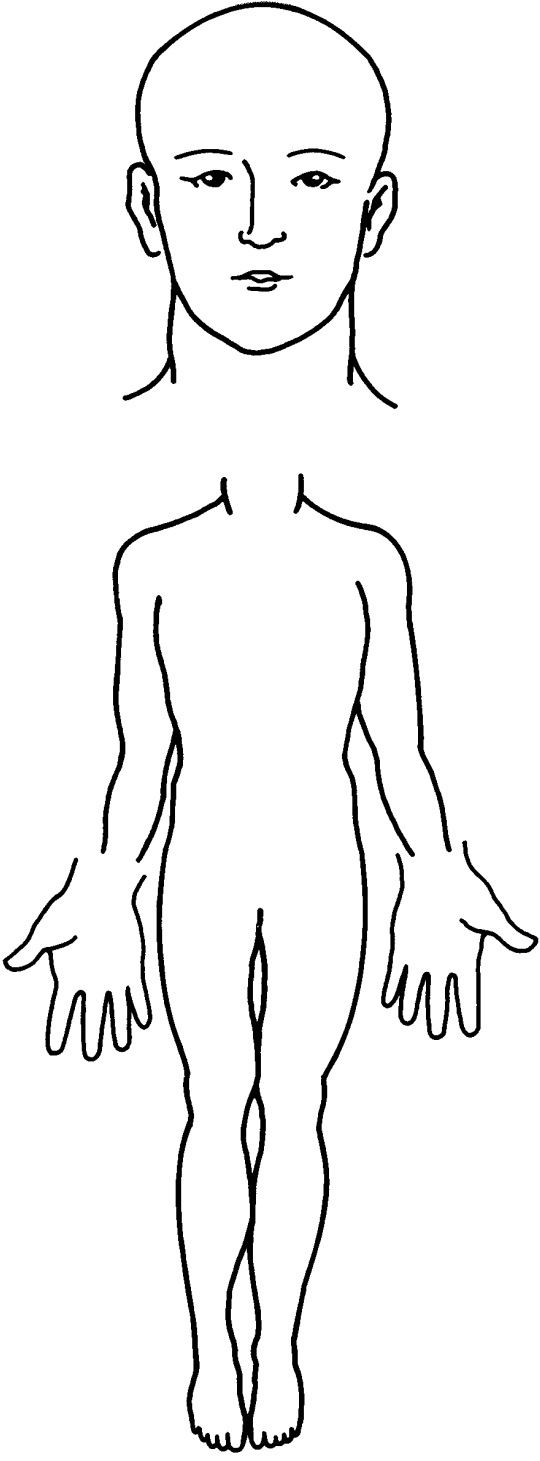


	Abnormal (specify)	
<input type="checkbox"/> Face <input type="checkbox"/> Eyes <input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears <input type="checkbox"/> Neck <input type="checkbox"/> Shoulders <input type="checkbox"/> Breasts <input type="checkbox"/> Thorax <input type="checkbox"/> Upper arm <input type="checkbox"/> Lower arm <input type="checkbox"/> Hands <input type="checkbox"/> Abdomen <input type="checkbox"/> Upper leg <input type="checkbox"/> Lower leg <input type="checkbox"/> Feet		
Measure, describe and show: Bruises Abrasions Lacerations Areas of pain and tenderness		

Recording GENERAL EXAMINATION – FRONT OF BODY