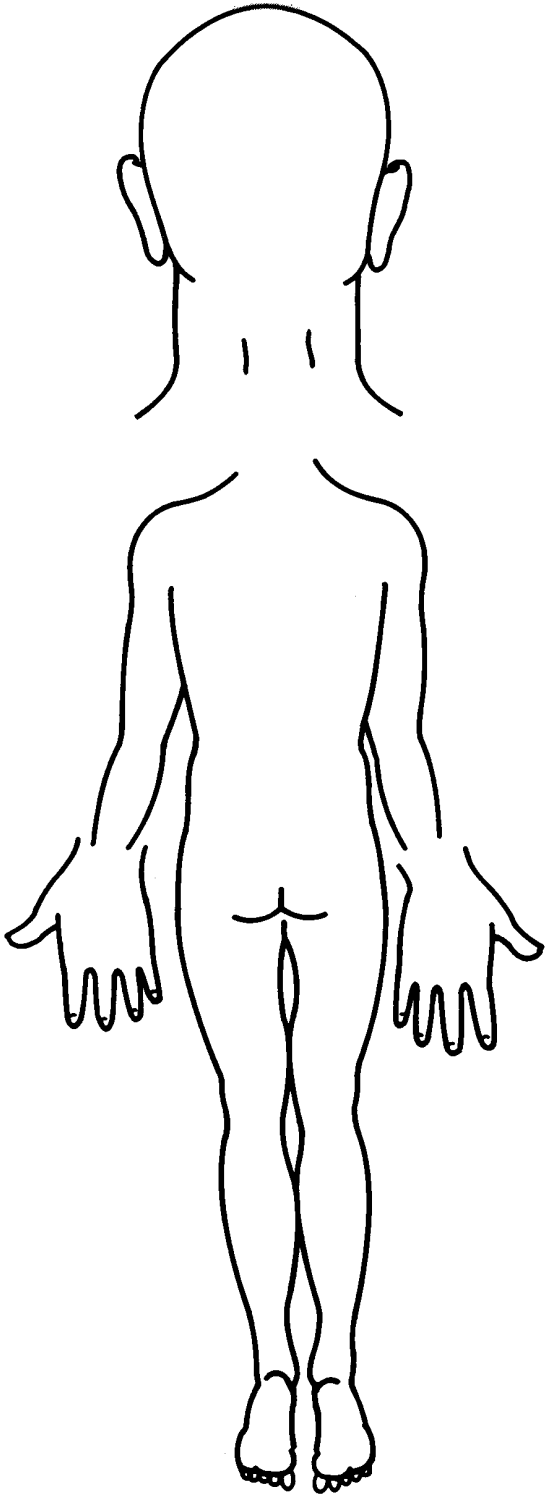


Normal (tick)	Abnormal (specify)	
<input type="checkbox"/> scalp <input type="checkbox"/> ears <input type="checkbox"/> neck <input type="checkbox"/> shoulders <input type="checkbox"/> back <input type="checkbox"/> upper arm <input type="checkbox"/> lower arm <input type="checkbox"/> hands <input type="checkbox"/> buttocks <input type="checkbox"/> upper leg <input type="checkbox"/> lower leg <input type="checkbox"/> feet		
<p>Measure, describe and show:</p> <p>Bruises Abrasions Lacerations Areas of pain and tenderness Fractures etc.</p>		

Recording GENERAL EXAMINATION –BACK OF BODY

