

COMBAT

ATTACK

	ACC	DMG	ROF	FT
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

ARMOR

	RTG		BULK	FT
	B	L		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INITIATIVE

MOVEMENT

Walk Run Sprint _____

SOAK

Bashing Lethal

DESCRIPTION

HEALTH

Bruised	-0	<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
Incapacitated		<input type="checkbox"/>
_____		<input type="checkbox"/>
Dead		<input type="checkbox"/>
_____		<input type="checkbox"/>

EXPERIENCE

(Write in health levels as needed)