

Player:
Character:

Punching

Muscle

Agility

Hit Points:

Wounds:

Bruises:

Observation

Presence

Driving

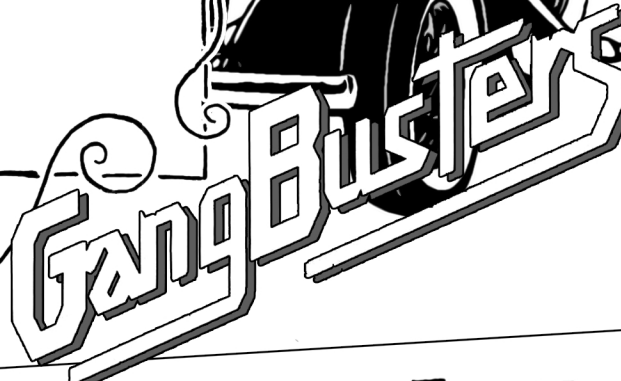
Luck

Level:

XP Total:

XP to Spend:

Skills & Notes



MEDICAL EXAMINATION FORM.

This medical history form is to be completed by a doctor and referred to the Medical Board for additional information as needed. Active and retired Military Personnel are to use form M.F.B. 227.

Name: Nickname:

Age:

Height: Weight:

Eye Color:

Hair Color:

Ethnicity:

Handedness:

Identification marks, scars, or deformities
(record cause and date of origin)

(FOR OFFICE USE ONLY)

Address:

Profession: Salary:

Political Party: Rank (if appropriate):

Has subject ever suffered from, or has he now, any affection of the following systems

Nervous System: Genital Urinary System: Cardio-Vascular System:

Integumentary System: Respiratory System: