



Body Map – Record of Injury

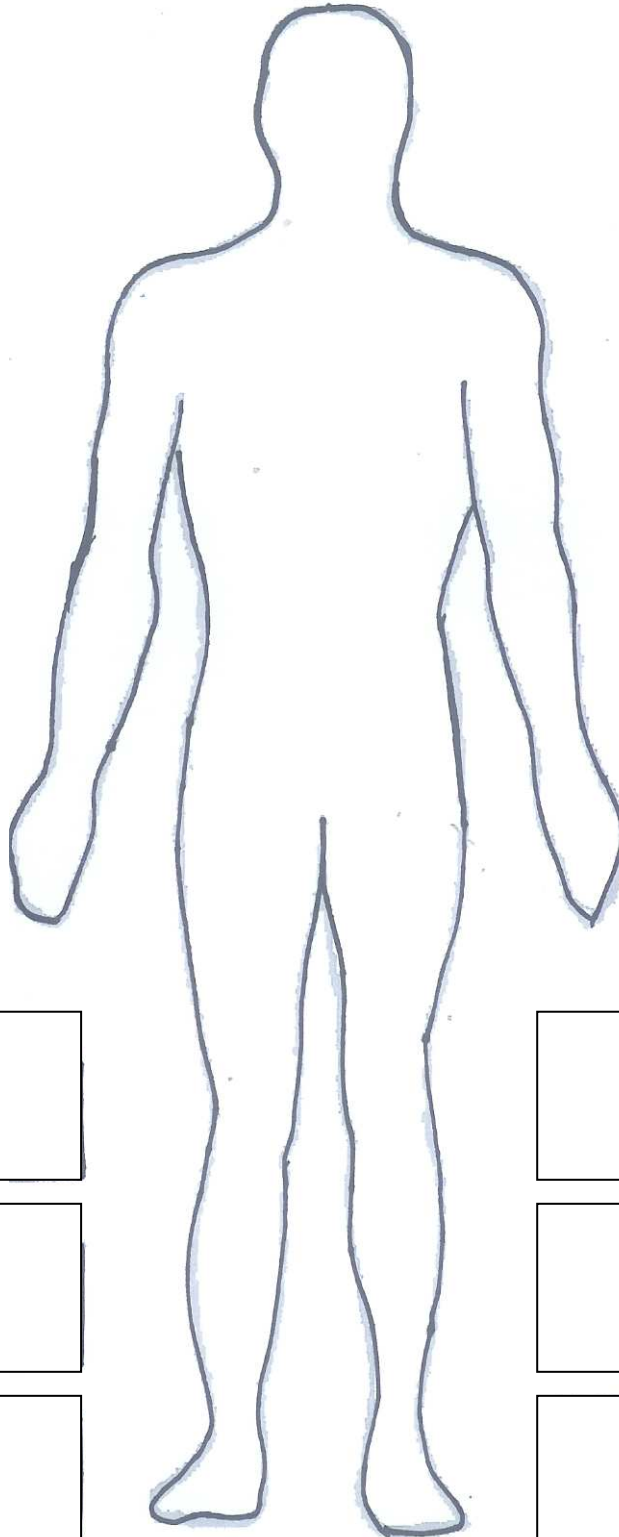
Name:

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Date:

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FRONT



BACK