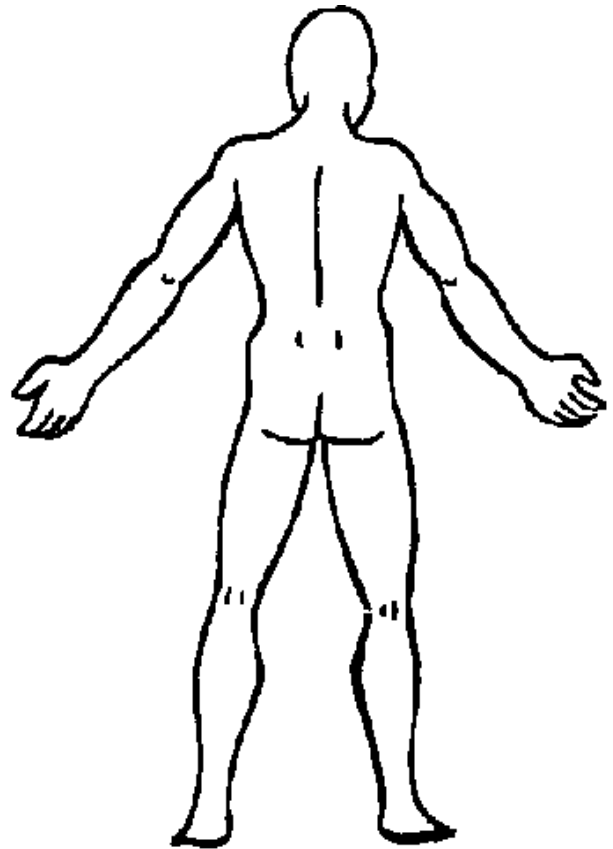
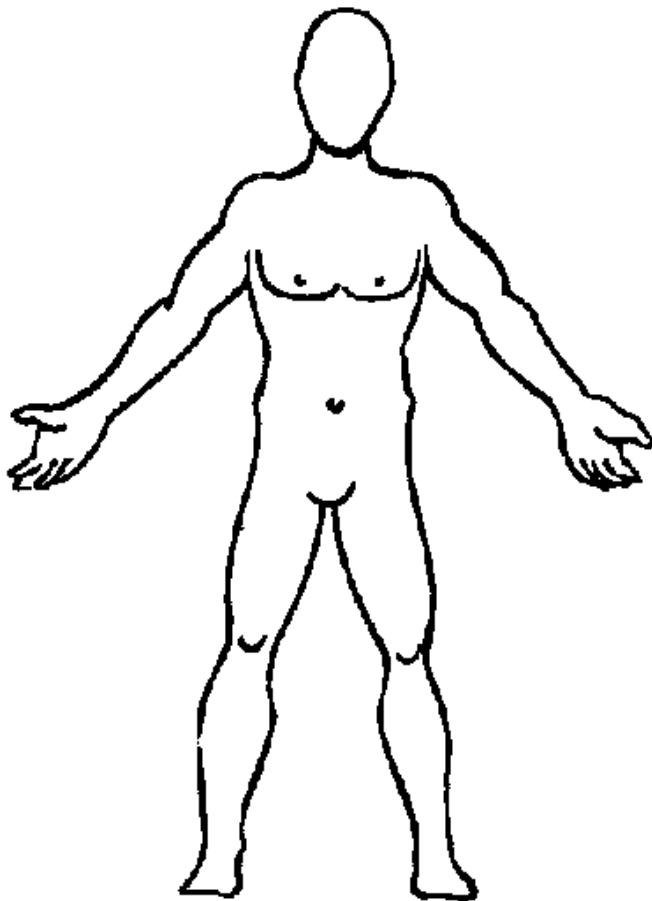


Mark Diagrams as appropriate and describe anterior and posterior scars, bruises, contusions and lacerations.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____



Signature of Examining Provider

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:			
1. Name: _____		(Last) _____ (First)	
2. DOB: _____		3. A # _____	
4. Nationality: _____		5. Facility: _____	