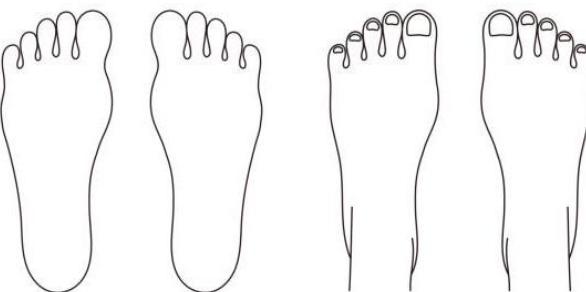
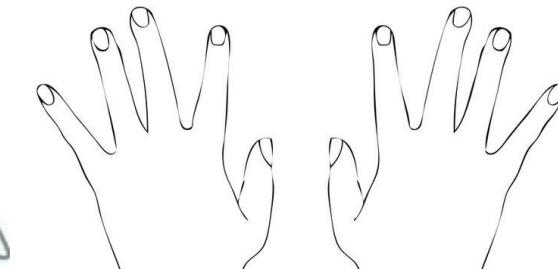
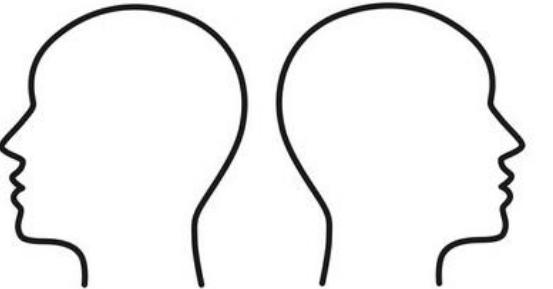
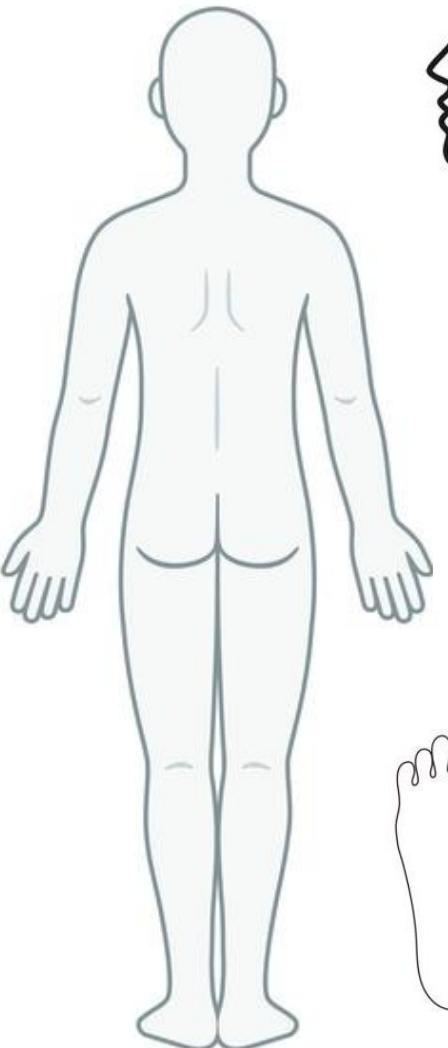
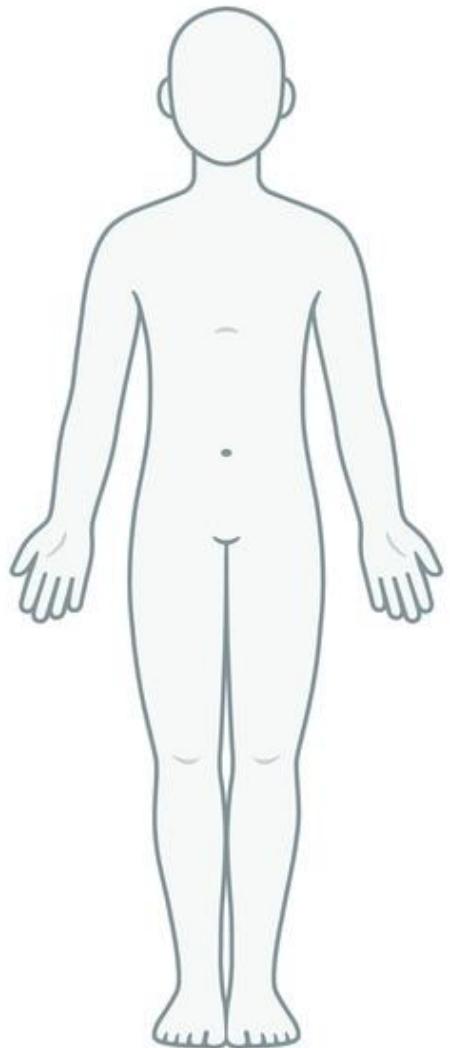


# Body Map Report Form



**Name of child/adult at risk & date of birth**

**Name of person completing form**

**Date Recorded**

**Observations**