

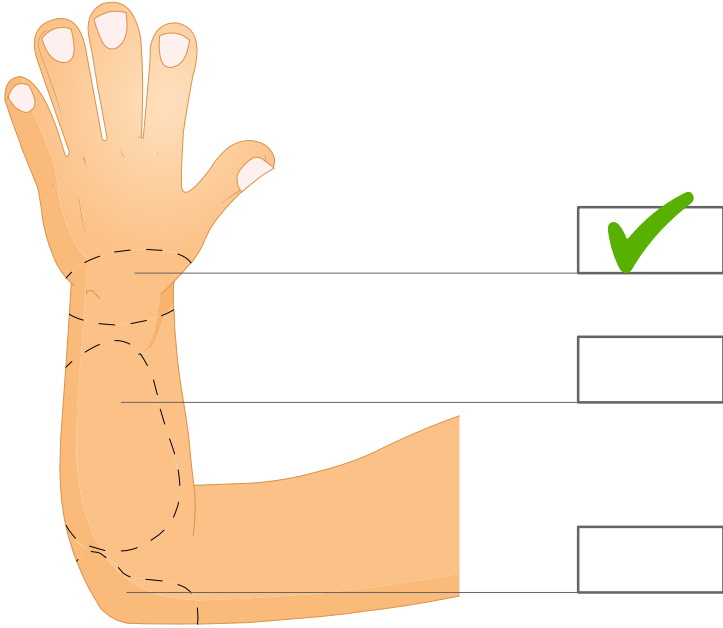
Name: \_\_\_\_\_

Date: \_\_\_\_\_

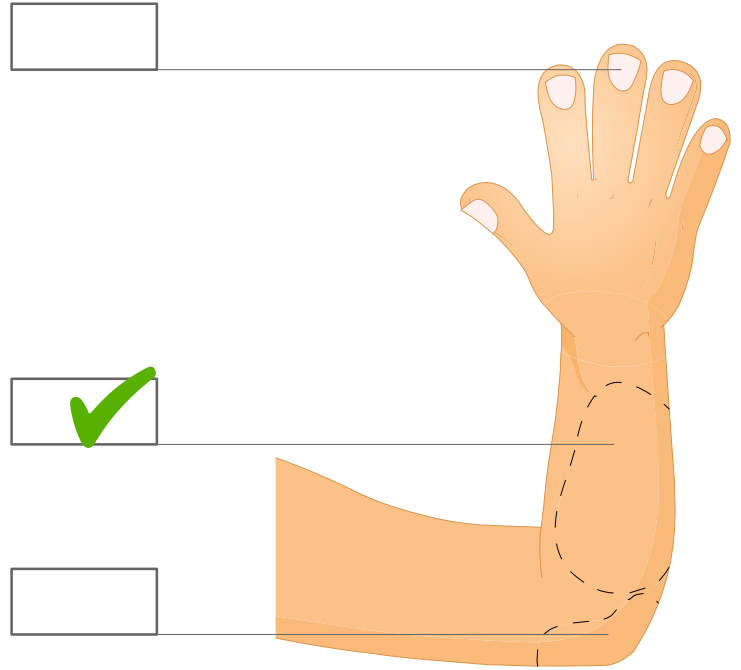
Time: \_\_\_\_ : \_\_\_\_ - \_\_\_\_ : \_\_\_\_

Identify the body part and check mark on the correct box.

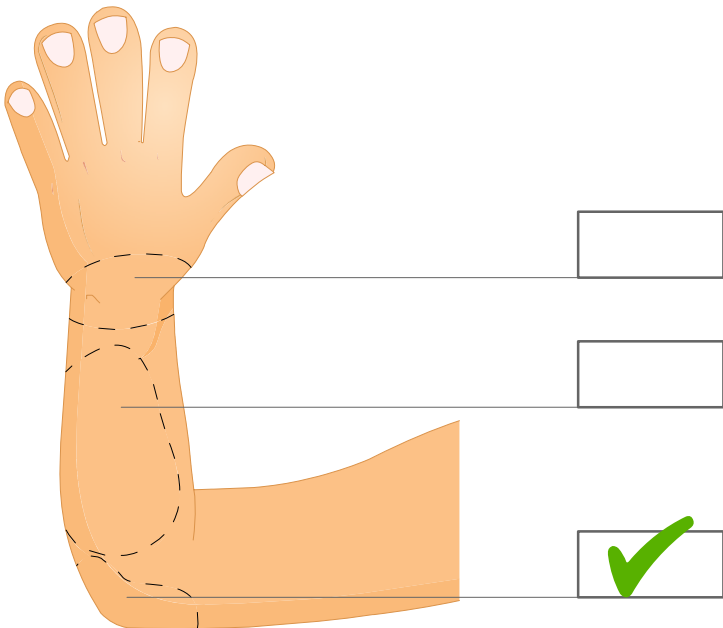
1. Check mark on the wrist.



2. Check mark on the forearm.



3. Check mark on the elbow.



4. Check mark on the fingernail.

