

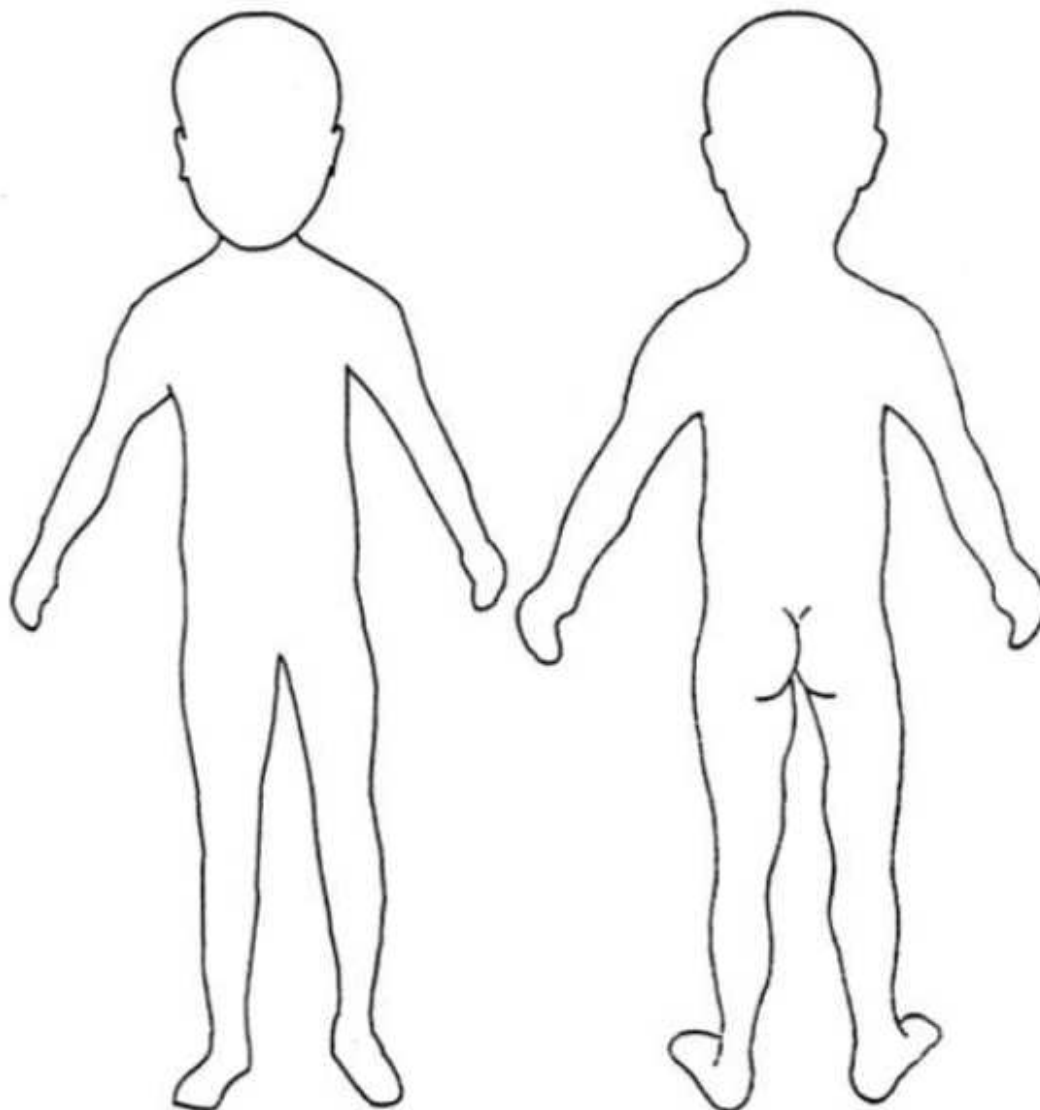
## Body Map

(This must be completed at time of observation)

Names of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of Worker: \_\_\_\_\_ Agency: \_\_\_\_\_

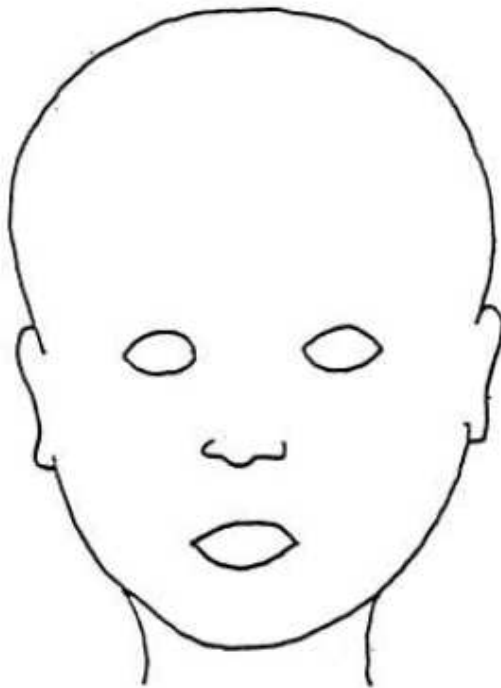
Date and time of observation: \_\_\_\_\_



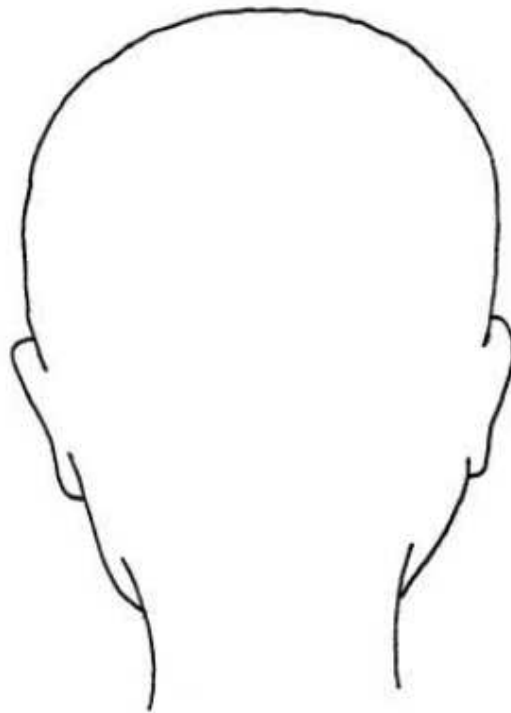
DATE

SIGNED

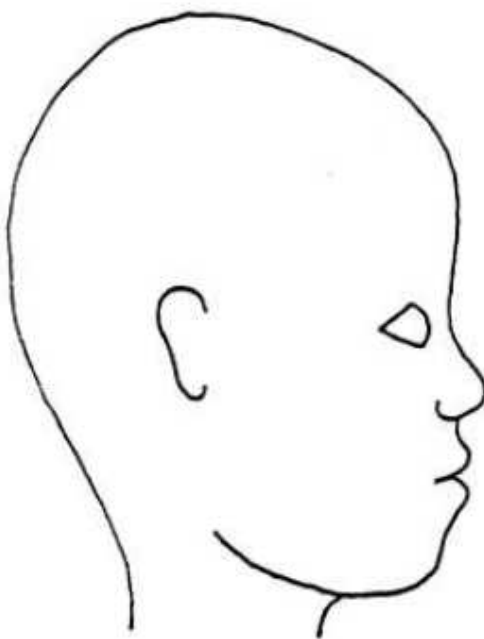
Name of child: \_\_\_\_\_ Date of observation: \_\_\_\_\_



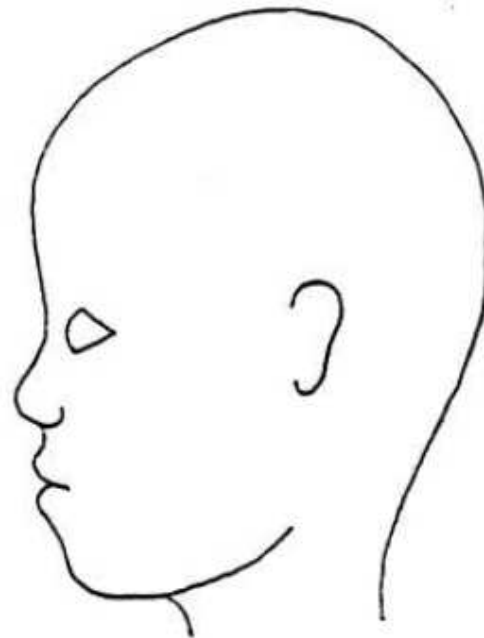
**FRONT**



**BACK**



**RIGHT**

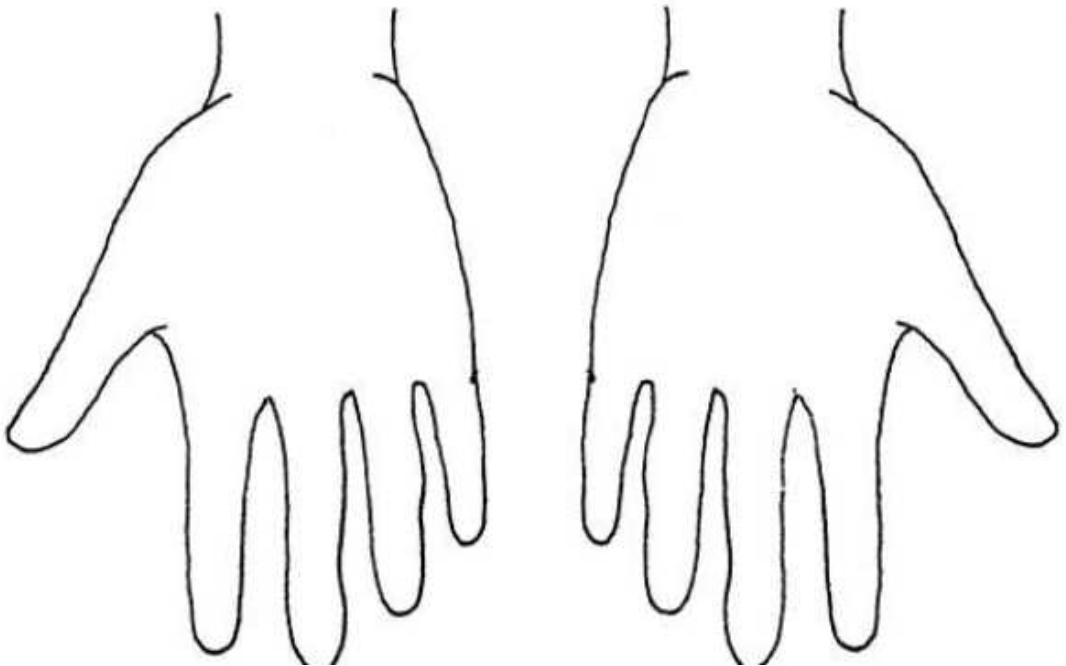
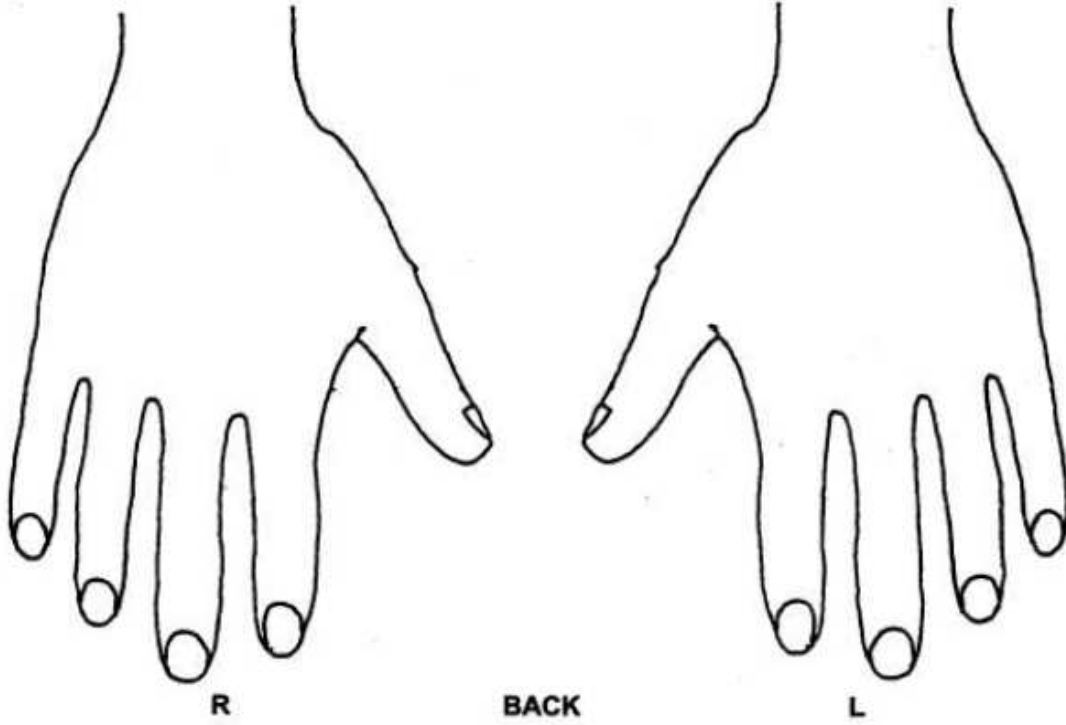


**LEFT**

DATE

SIGNED

Name of child: \_\_\_\_\_ Date of observation: \_\_\_\_\_

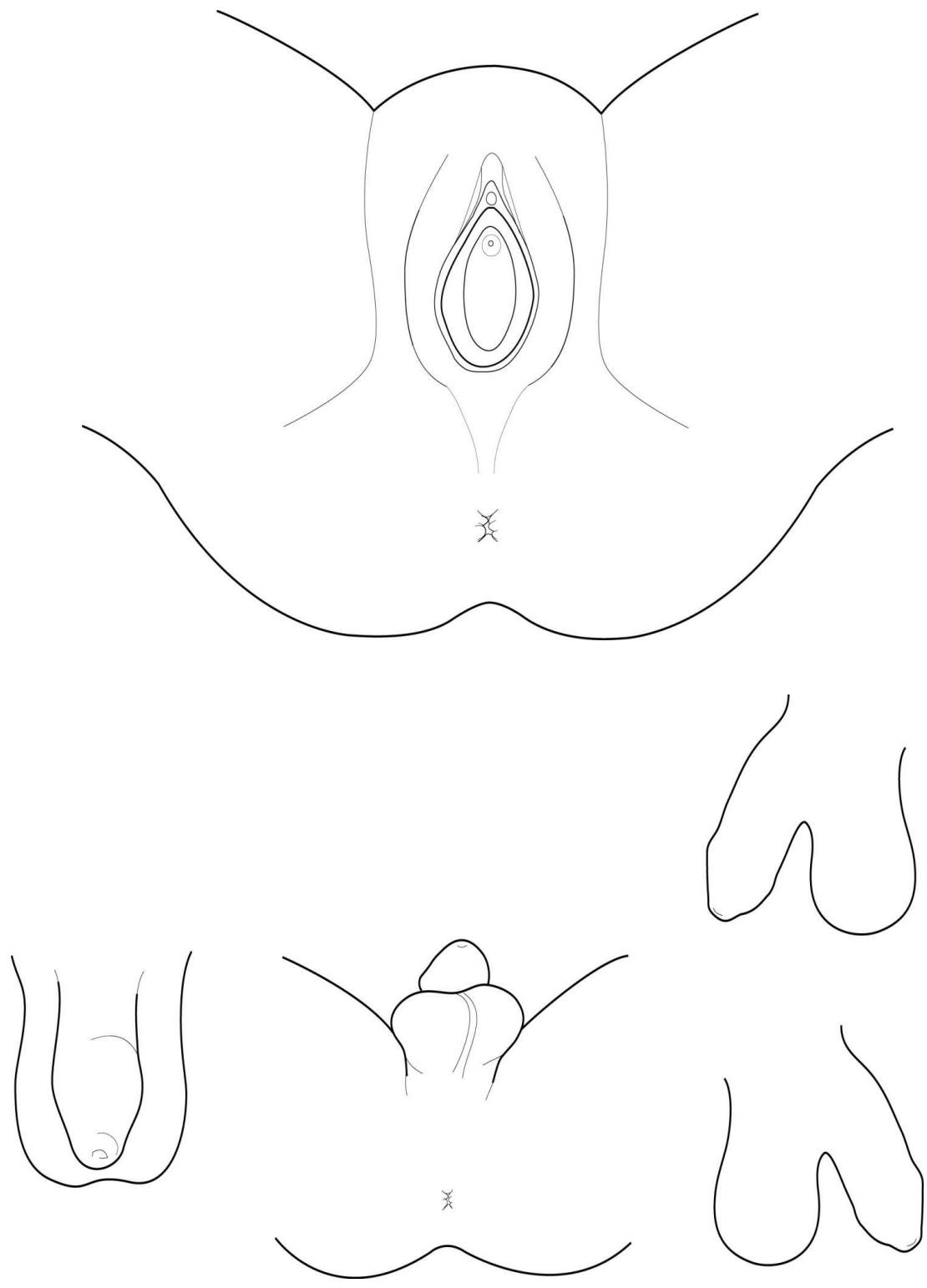


DATE

SIGNED

Name of child: \_\_\_\_\_ Date of observation: \_\_\_\_\_

**GENITALIA**



DATE

SIGNED