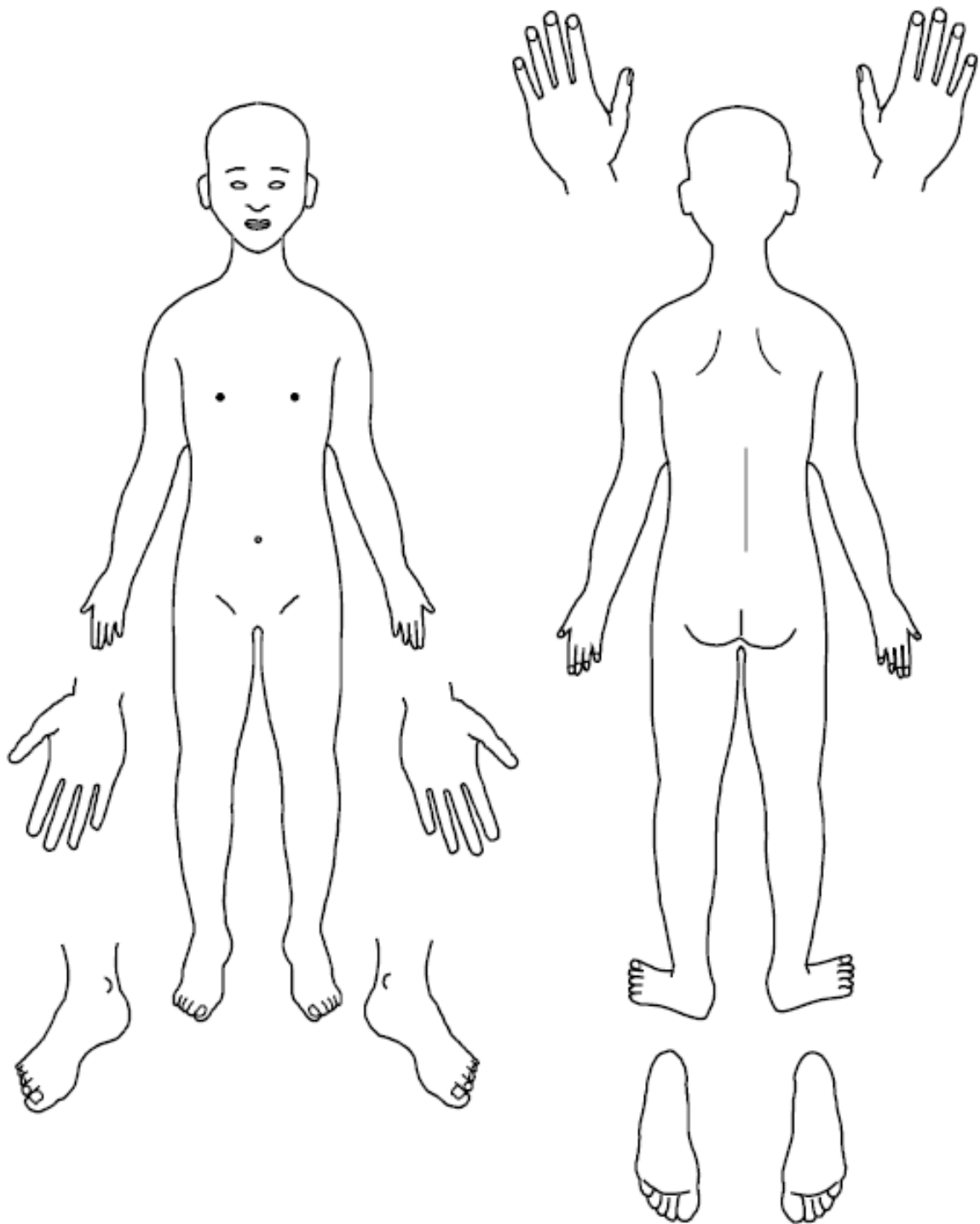


Annex 2 - Skin map



Name of Child: _____

Date of birth: _____ Date of recording: _____

Name of completer: _____



Any additional information: