

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Date \_\_\_\_\_

|            | Thumb | 1st Finger | 2nd Finger | 3rd Finger | 4th Finger |
|------------|-------|------------|------------|------------|------------|
| Right Hand |       |            |            |            |            |

|           | 4th Finger | 3rd Finger | 2nd Finger | 1st Finger | Thumb |
|-----------|------------|------------|------------|------------|-------|
| Left Hand |            |            |            |            |       |

Birthmarks \_\_\_\_\_

\_\_\_\_\_

Scars \_\_\_\_\_

\_\_\_\_\_

Moles \_\_\_\_\_

\_\_\_\_\_

Special Physical Traits \_\_\_\_\_

\_\_\_\_\_