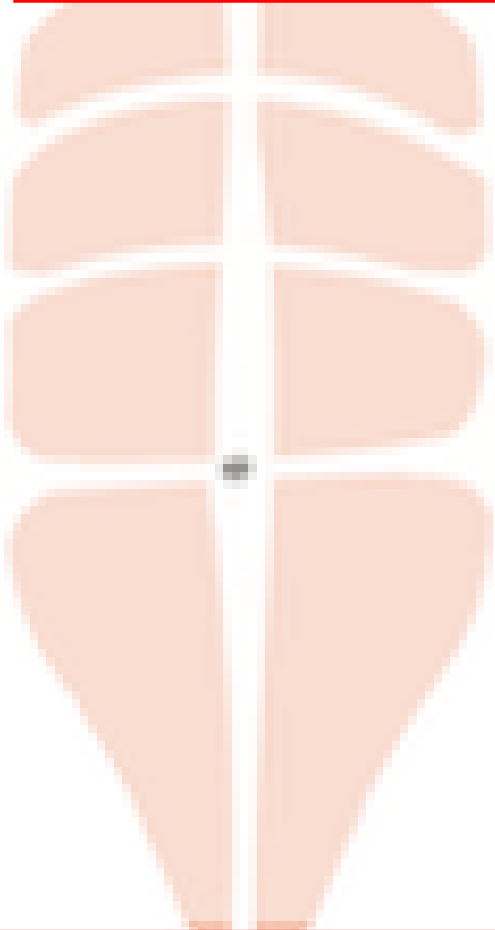






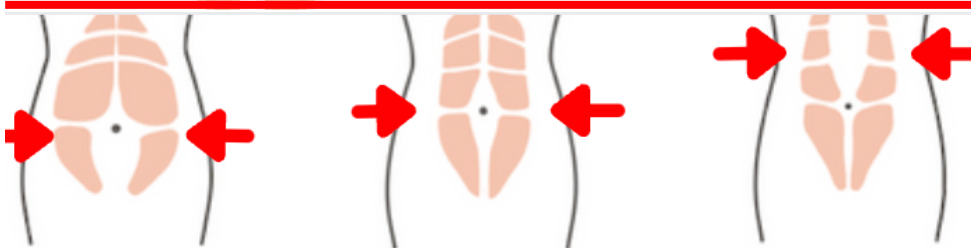
Ab Check Measurement Sheet

Date:

Date:



	_____	_____
	_____	_____
	_____	_____
	_____	_____



Notes: Body Symptoms, Things you notice...

Date:

Date: