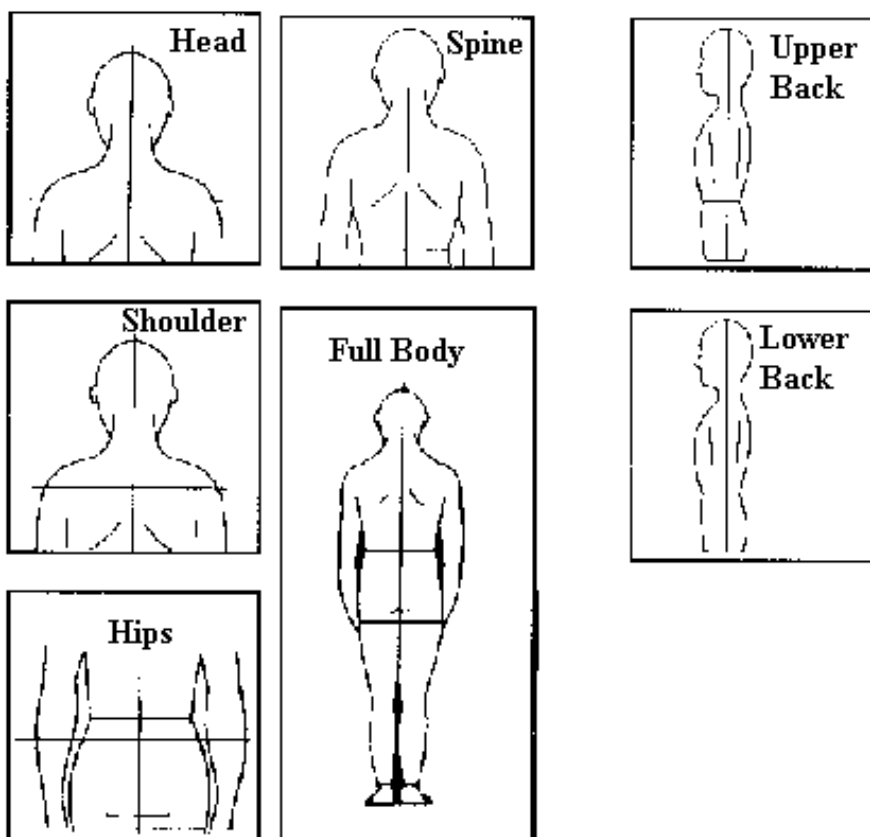


POSTURAL SCREENING

DATE _____



DATE _____

