

By: Chris T u12ct@abdn.ac.uk

THE MORROW PROJECT: Individual Personal Data File {201} {PD:_____}

MI-201 CLASSIFIED

NAME: _____
ASSIGNMENT: _____ JOB / POSITION: _____

ATTRIBUTES

AGE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____ Blood type: _____ SP/BP: _____

Str: _____ Const: _____ Dex: _____ Move: _____ Endu: _____ Int: _____ Char: _____ Psi: _____ Luck: _____

Psi Ability: { _____ } Misc: { _____ }

DATE FROZEN: { _____ } LOCATION: { _____ } HEALTH RECORD: { _____ }

{GRENADE THROWING RANGE : A= _____ B= _____ C= _____ D= _____ } {H-T-H DMG: ½ STR: _____ ¼ STR: _____ }

ALLOWABLE BASIC LOAD WEIGHT:	_____ KG	PERSONAL HISTORY:	_____
MAX WT. FOR 5 MOVEMENTS:	_____ KG		_____
MAX WT. FOR 4 MOVEMENTS:	_____ KG		_____
MAX WT. FOR 3 MOVEMENTS:	_____ KG		_____
MAX WT. FOR 2 MOVEMENTS:	_____ KG		_____
MAX WT. FOR 1 MOVEMENTS:	_____ KG		_____

SP / BP BREAKDOWN:

TORSO: { _____ } _____

LEG { LEFT } { _____ }	LEG { RIGHT } { _____ }
THIGH { _____ }	THIGH { _____ }
CALF { _____ }	CALF { _____ }
FOOT { _____ }	FOOT { _____ }
HIP JOINT { _____ }	HIP JOINT { _____ }
KNEE { _____ }	KNEE { _____ }
ANKLE { _____ }	ANKLE { _____ }

ARM { LEFT } { _____ }	ARM { RIGHT } { _____ }
UPPER ARM { _____ }	UPPER ARM { _____ }
LOWER ARM { _____ }	LOWER ARM { _____ }
SH JOINT { _____ }	SH JOINT { _____ }
HAND { _____ }	HAND { _____ }
ELBOW { _____ }	ELBOW { _____ }
WRIST { _____ }	WRIST { _____ }
HEAD { _____ }	

BP { _____ } _____
ENDURANCE { _____ } _____
RADIATION CLASS { _____ }

ABSORBED RADIATION _____

OTHER FACTORS AND INFORMATION: _____

MEDKIT 8 LOADS OF THE FOLLOWING INJECTIONS:

ANTITOXIN: O-O-O-O-O-O-O---	ANTIBIOTIC: O-O-O-O-O-O-O---	COAGULANT: O-O-O-O-O-O-O----
PAIN RELIEVER: O-O-O-O-O-O-O---	SLEEP INDUCERS: O-O-O-O-O-O-O---	STIMULANT: O-O-O-O-O-O-O---