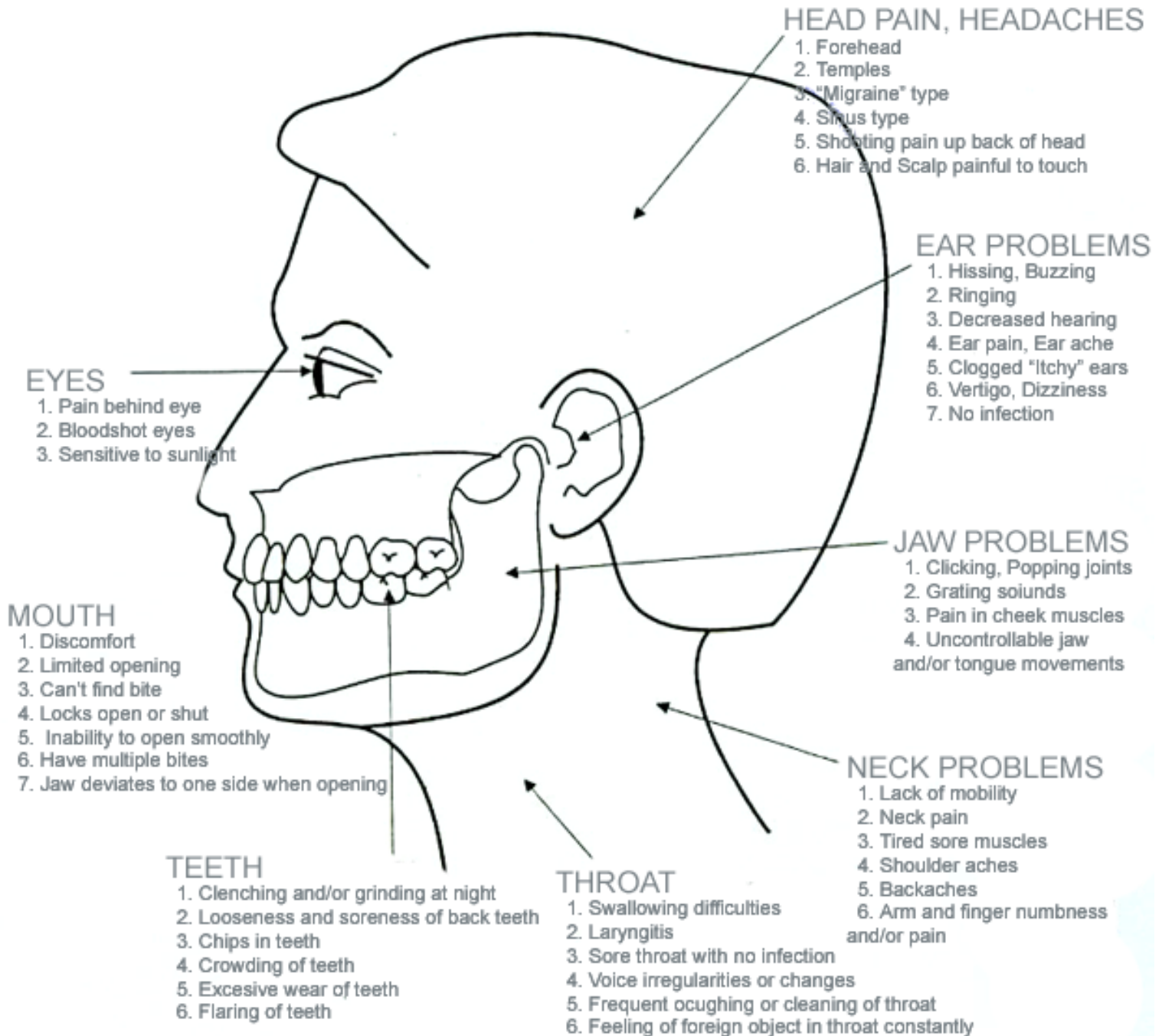


NAME _____

DATE _____

Signs & Symptoms Review



Notes
