

Name _____
 Affiliation _____
 Age _____ Height _____ Weight _____



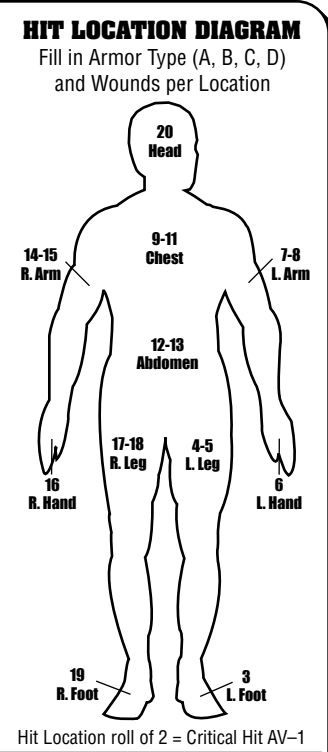
Character Record Sheet THIRD EDITION

ATTRIBUTES			
	Value	Mod.	Max.
Strength	_____	_____	_____
Body	_____	_____	_____
Dexterity	_____	_____	_____
Reflexes	_____	_____	_____
Intelligence	_____	_____	_____
Willpower	_____	_____	_____
Charisma	_____	_____	_____
Edge	_____	_____	_____
Social Standing	_____	_____	_____

TRAITS	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SKILLS	
Name	Bonus
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

COMBAT INFORMATION	
Armor	
Type A:	_____ AV (M/B/E/X) / / / /
Type B:	_____ AV (M/B/E/X) / / / /
Type C:	_____ AV (M/B/E/X) / / / /
Type D:	_____ AV (M/B/E/X) / / / /



Fatigue	Fatigue \leq WIL	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	+1 TN per Fatigue $>$ WIL	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Unconscious if Fatigue $>$ (2 x WIL)

Wounds	
Grazing Wounds (WV 1):	_____
Minor Wounds (WV 2):	_____ +1 TN ea.
Serious Wounds (WV 4):	_____ +2 TN ea.
Critical Wounds (WV 8):	_____ +3 TN ea.
Deadly Wounds (WV 16):	_____ Knockout
Total Wound Value of all Wounds:	_____ *

* If total Wound Value $>$ (BOD+WIL), Dying

Weapons	AP•Dmg	Type	Range	Shots	Notes
_____	_____	_____	/ / /	_____	_____
_____	_____	_____	/ / /	_____	_____
_____	_____	_____	/ / /	_____	_____
_____	_____	_____	/ / /	_____	_____
_____	_____	_____	/ / /	_____	_____
_____	_____	_____	/ / /	_____	_____

MISCELLANEOUS EQUIPMENT AND INFORMATION

Movement (W/R/S): / / / Experience Points: _____