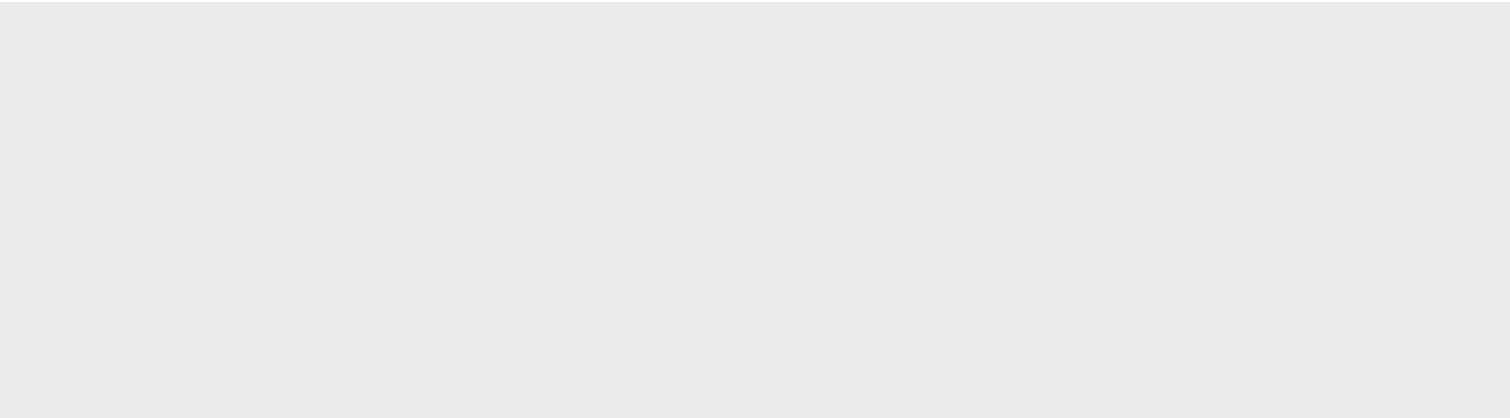


Name:
ID:
Date of Birth:

Date/Time: 2019-06-24 15:30:12

Test



Check List

- ☐Yes ☐No Are radios visible here?
- ☐Yes ☐No Visible here?