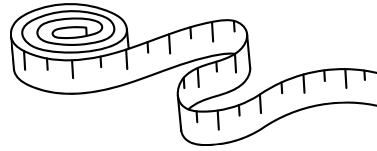


BODY MEASUREMENT

START DATE:
END DATE:



| | BEFORE | AFTER |
|------------|--------|-------|
| WEIGHT | | |
| NECK | | |
| CHEST/BUST | | |
| WAIST | | |
| HIPS | | |
| THIGHS | | |
| CALVES | | |
| UPPER ARMS | | |
| BMI | | |
| | | |
| | | |
| | | |
| | | |

