

NAME:
SERIES:

ORIGIN:
NATURE:

APTITUDE:
ALLEGIANCE:

PHYSICAL

ATTRIBUTES AND ABILITIES

MENTAL

SOCIAL

STRENGTH ●○○○○

Brawl _____ ○○○○○

Might _____ ○○○○○

DEXTERITY ●○○○○

Athletics _____ ○○○○○

Drive _____ ○○○○○

Firearms _____ ○○○○○

Legerdemain _____ ○○○○○

Marital Arts _____ ○○○○○

Melee _____ ○○○○○

Plot _____ ○○○○○

Stealth _____ ○○○○○

STAMINA ●○○○○

Endurance _____ ○○○○○

Resistance _____ ○○○○○

PERCEPTION ●○○○○

Awareness _____ ○○○○○

Investigation _____ ○○○○○

INTELLIGENCE ●○○○○

Academics _____ ○○○○○

Bureaucracy _____ ○○○○○

Engineering _____ ○○○○○

Intrusion _____ ○○○○○

Linguistics _____ ○○○○○

Medicine _____ ○○○○○

Science _____ ○○○○○

Survival _____ ○○○○○

WITS ●○○○○

Arts _____ ○○○○○

Meditation _____ ○○○○○

Rapport _____ ○○○○○

APPEARANCE ●○○○○

Intimidation _____ ○○○○○

Style _____ ○○○○○

MANIPULATION ●○○○○

Command _____ ○○○○○

Interrogation _____ ○○○○○

Subterfuge _____ ○○○○○

CHARISMA ●○○○○

Etiquette _____ ○○○○○

Perform _____ ○○○○○

Savvy _____ ○○○○○

HEALTH

Bruised	-0	<input type="checkbox"/>
Hurt	-1	<input type="checkbox"/>
Injured	-1	<input type="checkbox"/>
Wounded	-2	<input type="checkbox"/>
Maimed	-3	<input type="checkbox"/>
Crippled	-4	<input type="checkbox"/>
Incapacitated		<input type="checkbox"/>
Dead		<input type="checkbox"/>

EQUIPMENT (OWNED)

ATTACK _____ AGG DMG RPF FT _____

ARMOR _____ RTG BULK FT _____

COMBAT

<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"/>	<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"/>
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXPERIENCE

INITIATIVE _____

MOVEMENT _____

WALK RUN SPRINT



PLAYER:

WILLPOWER

○○○○○○○○○○
□□□□□□□□

PSI

○○○○○○○○○○
□□□□□□□□

POSSESSIONS

CASH _____

GEAR (CARRIED)

