

VAMPIRE: THE MASQUERADE

20TH ANNIVERSARY EDITION

Name:

Health

Bruised		<input type="checkbox"/>	<input type="checkbox"/>
Hurt	- 1	<input type="checkbox"/>	
Injured	- 1	<input type="checkbox"/>	
Wounded	- 2	<input type="checkbox"/>	
Mauled	- 2	<input type="checkbox"/>	
Crippled	- 5	<input type="checkbox"/>	
Incapacitated		<input type="checkbox"/>	

Name:

Health

Bruised		<input type="checkbox"/>	<input type="checkbox"/>
Hurt	- 1	<input type="checkbox"/>	
Injured	- 1	<input type="checkbox"/>	
Wounded	- 2	<input type="checkbox"/>	
Mauled	- 2	<input type="checkbox"/>	
Crippled	- 5	<input type="checkbox"/>	
Incapacitated		<input type="checkbox"/>	

Name:

Health

Bruised		<input type="checkbox"/>	<input type="checkbox"/>
Hurt	- 1	<input type="checkbox"/>	
Injured	- 1	<input type="checkbox"/>	
Wounded	- 2	<input type="checkbox"/>	
Mauled	- 2	<input type="checkbox"/>	
Crippled	- 5	<input type="checkbox"/>	
Incapacitated		<input type="checkbox"/>	

Name:

Health

Bruised		<input type="checkbox"/>	<input type="checkbox"/>
Hurt	- 1	<input type="checkbox"/>	
Injured	- 1	<input type="checkbox"/>	
Wounded	- 2	<input type="checkbox"/>	
Mauled	- 2	<input type="checkbox"/>	
Crippled	- 5	<input type="checkbox"/>	
Incapacitated		<input type="checkbox"/>	

Name:

Health

Bruised		<input type="checkbox"/>	<input type="checkbox"/>
Hurt	- 1	<input type="checkbox"/>	
Injured	- 1	<input type="checkbox"/>	
Wounded	- 2	<input type="checkbox"/>	
Mauled	- 2	<input type="checkbox"/>	
Crippled	- 5	<input type="checkbox"/>	
Incapacitated		<input type="checkbox"/>	

Name:

Health

Bruised		<input type="checkbox"/>	<input type="checkbox"/>
Hurt	- 1	<input type="checkbox"/>	
Injured	- 1	<input type="checkbox"/>	
Wounded	- 2	<input type="checkbox"/>	
Mauled	- 2	<input type="checkbox"/>	
Crippled	- 5	<input type="checkbox"/>	
Incapacitated		<input type="checkbox"/>	

VAMPIRE: THE MASQUERADE

20TH ANNIVERSARY EDITION

Name:

Health

Bruised		<input type="checkbox"/>	<input type="checkbox"/>
Hurt	- 1	<input type="checkbox"/>	
Injured	- 1	<input type="checkbox"/>	
Wounded	- 2	<input type="checkbox"/>	
Mauled	- 2	<input type="checkbox"/>	
Crippled	- 5	<input type="checkbox"/>	
Incapacitated		<input type="checkbox"/>	

Name:

Health

Bruised		<input type="checkbox"/>	<input type="checkbox"/>
Hurt	- 1	<input type="checkbox"/>	
Injured	- 1	<input type="checkbox"/>	
Wounded	- 2	<input type="checkbox"/>	
Mauled	- 2	<input type="checkbox"/>	
Crippled	- 5	<input type="checkbox"/>	
Incapacitated		<input type="checkbox"/>	

Name:

Health

Bruised		<input type="checkbox"/>	<input type="checkbox"/>
Hurt	- 1	<input type="checkbox"/>	
Injured	- 1	<input type="checkbox"/>	
Wounded	- 2	<input type="checkbox"/>	
Mauled	- 2	<input type="checkbox"/>	
Crippled	- 5	<input type="checkbox"/>	
Incapacitated		<input type="checkbox"/>	

Name:

Health

Bruised		<input type="checkbox"/>	<input type="checkbox"/>
Hurt	- 1	<input type="checkbox"/>	
Injured	- 1	<input type="checkbox"/>	
Wounded	- 2	<input type="checkbox"/>	
Mauled	- 2	<input type="checkbox"/>	
Crippled	- 5	<input type="checkbox"/>	
Incapacitated		<input type="checkbox"/>	

Name:

Health

Bruised		<input type="checkbox"/>	<input type="checkbox"/>
Hurt	- 1	<input type="checkbox"/>	
Injured	- 1	<input type="checkbox"/>	
Wounded	- 2	<input type="checkbox"/>	
Mauled	- 2	<input type="checkbox"/>	
Crippled	- 5	<input type="checkbox"/>	
Incapacitated		<input type="checkbox"/>	

Name:

Health

Bruised		<input type="checkbox"/>	<input type="checkbox"/>
Hurt	- 1	<input type="checkbox"/>	
Injured	- 1	<input type="checkbox"/>	
Wounded	- 2	<input type="checkbox"/>	
Mauled	- 2	<input type="checkbox"/>	
Crippled	- 5	<input type="checkbox"/>	
Incapacitated		<input type="checkbox"/>	