

Name _____ Age _____ Sex _____ Race _____ Weight _____
Eyes _____ Hair _____ Appearance _____



	Total	+/-	Base	Racial Min/Max
ST	<input type="text"/>	___	___	___/___
PE	<input type="text"/>	___	___	___/___
EN	<input type="text"/>	___	___	___/___
CH	<input type="text"/>	___	___	___/___
IN	<input type="text"/>	___	___	___/___
AG	<input type="text"/>	___	___	___/___
LK	<input type="text"/>	___	___	___/___

Level Karma HP/Level
Experience Carry Weight
Wounds

	Hit Points	Armor Class	+/-	Base AC
	<input type="text"/>	<input type="text"/>	___	___

	DT	DR	+/-	Base	Armor
Normal	<input type="text"/>	___	___	___	<input type="text"/>
Laser	<input type="text"/>	___	___	___	
Fire	<input type="text"/>	___	___	___	
Plasma	<input type="text"/>	___	___	___	
Explode	<input type="text"/>	___	___	___	

Poison Resistance Radiation Resistance Gas Resistance Electricity Resistance Healing Rate

Action Points	Sequence	Melee Damage	Critical Chance	Armor Condition
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Left Hand	PE Range Mod.	Ammo	Right Hand
Weapon _____ Rng _____ Dmg _____ APs: Single _____ Target _____ Burst _____ Ammo _____ Ammo Damage _____ Rounds _____/_____ +/- _____ Condition <input type="text"/>	<input type="text"/>	<input type="text"/>	Weapon _____ Rng _____ Dmg _____ APs: Single _____ Target _____ Burst _____ Ammo _____ Ammo Damage _____ Rounds _____/_____ +/- _____ Condition <input type="text"/>

