

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

	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

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

