

Table	Field Name	Field Type	Length	Decimals	Field Description	Report Writer Heading
FACILITY	FACILITYID	C	10	0		
FACILITY	CREATEUSER	C	4	0	User who created the record	UseC
FACILITY	CREATEDATE	D	8	0	Date record was created	DateCr
FACILITY	CREATETIME	C	8	0	Time record was created	TimeCr
FACILITY	MODIFYUSER	C	4	0	User who last modified the record	UseM
FACILITY	MODIFYDATE	D	8	0	Date record was last modified	DateMod
FACILITY	MODIFYTIME	C	8	0	Time record was last modified	TimeMod
FACILITY	FACTYPE	C	25	0	Facility type	Facility Type
FACILITY	FACILITY	C	40	0	Facility name	Facility Name
FACILITY	LNAME	C	20	0	Doctor last name	Facility Last Name
FACILITY	FNAME	C	15	0	Doctor first name	Fac First Name
FACILITY	MI	C	1	0	Doctor middle initial	M
FACILITY	SPECIALTY	C	25	0	Doctor specialty	Facility Specialty
FACILITY	ADDRESS1	C	30	0	Facility address line 1	Facility Address 1
FACILITY	ADDRESS2	C	30	0	Facility address line 2	Facility Address 2
FACILITY	CITY	C	20	0	Facility city	Facility City
FACILITY	STATE	C	2	0	Facility state	FS
FACILITY	ZIP	C	10	0	Facility zip code	Fac Zip
FACILITY	PROVINCE	C	20	0	Facility province	Facility Province
FACILITY	COUNTRY	C	20	0	Facility country	Facility Country
FACILITY	WPHONE	C	20	0	Doctor work phone number	Facility WPhone
FACILITY	HPHONE	C	20	0	Doctor home phone number	Facility HPhone
FACILITY	FAX	C	20	0	Doctor fax number	Facility Fax
FACILITY	EMAIL	C	30	0	Doctor e-mail address	Facility E-Mail
FACILITY	CELL	C	20	0	Doctor cell phone number	Facility Cell
FACILITY	PAGER	C	20	0	Doctor pager number	Facility Pager
FACILITY	OTHER	M	4	0	Doctor other contact methods	Other Contact Methods
FACILITY	CATEGORY	C	25	0	Physician category - SportPharm	Physician Category
FACILITY	AOR	L	1	0	Agent of record	
FACILITY	PA	L	1	0	Pharmacy authorization	
FACILITY	UMEL	L	1	0	Unsecured medication exception list	
FACILITY	TP	L	1	0	Treatment protocol	
FACILITY	ATMO	L	1	0	ATMO information form	
FACILITY	SIGNATURE	G	4	0	Physician digital signature	
FACILITY	CHGMARK	C	1	0		

Table	Field Name	Field Type	Length	Decimals	Field Description	Report Writer Heading
FACTRN	FACTRNID	C	10	0		
FACTRN	PERSONID	C	10	0		
FACTRN	FACILITYID	C	10	0		
FACTRN	INJURYID	C	10	0		
FACTRN	PROGRESSID	C	10	0		
FACTRN	CREATEUSER	C	4	0	User who created the record	UseC
FACTRN	CREATEDATE	D	8	0	Date record was created	DateCr
FACTRN	CREATETIME	C	8	0	Time record was created	TimeCr
FACTRN	MODIFYUSER	C	4	0	User who last modified the record	UseM
FACTRN	MODIFYDATE	D	8	0	Date record was last modified	DateMod
FACTRN	MODIFYTIME	C	8	0	Time record was last modified	TimeMod
FACTRN	SEASON	C	9	0	Season (Year - 2000, etc.)	Season
FACTRN	SPORT	C	40	0	Sport	Sport
FACTRN	CONTACT	C	35	0	Contact person	Contact Person
FACTRN	TYPETEST	C	40	0	Type of test performed	Type of Test
FACTRN	TRANSDATE	D	8	0	Transaction (service) date	Trn Date
FACTRN	TOTALCOST	N	10	2	Total cost of the transaction	Total Cost
FACTRN	ASPIRATION	L	1	0	Was there an aspiration? (Y/N)	A
FACTRN	AMOUNT	N	3	0	Amount of fluid aspirated	Amt
FACTRN	FLUIDCOLOR	C	20	0	Color of fluid aspirated	Color of Fluid
FACTRN	INJECTION	L	1	0	Was there an injection? (Y/N)	I
FACTRN	INJECTTYPE	C	15	0	Type of injection	Inject Type
FACTRN	INJECTMEDS	M	4	0	Medication injected	Medication
FACTRN	DIAGNOSIS	M	4	0	Diagnosis	Diagnosis
FACTRN	COMMENT	M	4	0	Comment	Comment
FACTRN	CHGMARK	C	1	0		
Table	Field Name	Field Type	Length	Decimals	Field Description	Report Writer Heading
INJURY	INJURYID	C	10	0		
INJURY	PERSONID	C	10	0		
INJURY	CREATEUSER	C	4	0	User who created the record	UseC
INJURY	CREATEDATE	D	8	0	Date record was created	DateCr
INJURY	CREATETIME	C	8	0	Time record was created	TimeCr
INJURY	MODIFYUSER	C	4	0	User who last modified the record	UseM
INJURY	MODIFYDATE	D	8	0	Date record was last modified	DateMod
INJURY	MODIFYTIME	C	8	0	Time record was last modified	TimeMod

INJURY	SEASON	C	9	0	Season (Year - 2000, etc.)	Season
INJURY	SPORT	C	40	0	Sport	Sport
INJURY	TEAMNUMBER	C	2	0	Organization number	O#
INJURY	TEAMNAME	C	35	0	Organization name	Organization Name
INJURY	CLOSED	L	1	0	Is the injury closed? (Y/N)	S
INJURY	CLOSEDATE	D	8	0	Date injury was closed	Cls Date
INJURY	SUBMITTED	L	1	0	Has this report been submitted? (Y/N)	S
INJURY	SUBMITDATE	D	8	0	Date report was submitted	Sub Date
INJURY	INJURYNO	C	11	0	Injury number	Injury #
INJURY	INJURYDATE	D	8	0	Date of injury	Inj Date
INJURY	ENTERDATE	D	8	0	Date injury report was entered	Ent Date
INJURY	REPORTDATE	D	8	0	Date injury was reported	Rep Date
INJURY	RETURNDATE	D	8	0	Date returned from injury	Ret Date
INJURY	WCOMP	L	1	0	Is this workers compensation? (Y/N)	W
INJURY	WORKRELATE	L	1	0	Non-work related? (Y/N)	N
INJURY	DISABLED	L	1	0	Person put on the disabled list? (Y/N)	D
INJURY	DATEON	D	8	0	Date on the disabled list	Date On
INJURY	NUMBERDAYS	N	3	0	Number of days on the disabled list	# D
INJURY	DATEOFF	D	8	0	Date eligible off the disabled list	Date Elg
INJURY	DAYMISSED	N	4	0	Number of days missed	DMis
INJURY	GAMEMISS1	N	4	0	Number of pre-season games missed	GMPPr
INJURY	GAMEMISS2	N	4	0	Number of regular season games missed	GMRe
INJURY	DAYLIMITED	N	4	0	Number of days limited	DLim
INJURY	DAYPRACTIC	N	4	0	Number of practices missed	Prac
INJURY	POSITION	C	25	0	Position played when injured	Position
INJURY	DESCRIP	C	30	0	Description of the injury	Nature of Injury
INJURY	TYPEINJURY	M	4	0	Assessment of injury	Assessment of Injury
INJURY	INJURY	M	4	0	Injury	Injury
INJURY	BODYPART	M	4	0	Body part	Body Part
INJURY	SEVERITY	C	20	0	Severity of injury	Severity of Injury
INJURY	INJURYHOW	M	4	0	How the injury occurred	How Injury Occurred
INJURY	ACTIVITY	C	25	0	Activity being performed when injured	Activity
INJURY	NONACTIVE	M	4	0	Non-active treatment	Non-Active Treatment
INJURY	ACTIVE	M	4	0	Active treatment	Active Treatment
INJURY	MEDICATION	M	4	0	Medication	Medication
INJURY	LOCATION	C	25	0	Location (city) when injury occurred	Location of Injury
INJURY	WHERE	C	25	0	Where the injury occurred	Where Injury Occurred
INJURY	SURFACE	C	20	0	Surface type	Surface Type
INJURY	FIELD	C	20	0	Field conditions	Surface Condition

INJURY	WEATHER	C	20	0	Weather	Weather
INJURY	TEMPERATE	N	3	0	Temperature	Tmp
INJURY	DAYNIGHT	C	20	0	Day or night game	Time of Injury
INJURY	COMMENT	M	4	0	Comment	Comment
INJURY	DICTATION	M	4	0	Doctor's dictation	Dictation
INJURY	SUBJECTIVE	M	4	0	S.O.A.P. - Subjective	Subjective
INJURY	OBJECTIVE	M	4	0	S.O.A.P. - Objective	Objective
INJURY	ASSESSMENT	M	4	0	S.O.A.P. - Assessment	Assessment
INJURY	PLAN	M	4	0	S.O.A.P. - Plan	Plan
INJURY	DAYDL	N	4	0	Number of days missed due to D/L	DD/L
INJURY	DLDAYOFF	D	8	0	Date off the disabled list	Day Off
INJURY	IMAGES	M	4	0		
INJURY	INJURYTYPE	C	25	0	Injury type	Injury Type
INJURY	ISS	L	1	0	Include in ISS report (Y/N)	
INJURY	ISSCHAR01	C	30	0	ISS Character 01	
INJURY	ISSCHAR02	C	30	0	ISS Character 02	
INJURY	ISSCHAR03	C	30	0	ISS Character 03	
INJURY	ISSCHAR04	C	30	0	ISS Character 04	
INJURY	ISSCHAR05	C	30	0	ISS Character 05	
INJURY	ISSCHAR06	C	30	0	ISS Character 06	
INJURY	ISSCHAR07	C	30	0	ISS Character 07	
INJURY	ISSCHAR08	C	30	0	ISS Character 08	
INJURY	ISSCHAR09	C	30	0	ISS Character 09	
INJURY	ISSCHAR10	C	30	0	ISS Character 10	
INJURY	ISSPD01	C	30	0	ISS Pull Down 01	
INJURY	ISSPD02	C	30	0	ISS Pull Down 02	
INJURY	ISSPD03	C	30	0	ISS Pull Down 03	
INJURY	ISSPD04	C	30	0	ISS Pull Down 04	
INJURY	ISSPD05	C	30	0	ISS Pull Down 05	
INJURY	ISSPD06	C	30	0	ISS Pull Down 06	
INJURY	ISSPD07	C	30	0	ISS Pull Down 07	
INJURY	ISSPD08	C	30	0	ISS Pull Down 08	
INJURY	ISSPD09	C	30	0	ISS Pull Down 09	
INJURY	ISSPD10	C	30	0	ISS Pull Down 10	
INJURY	ISSLOG01	L	1	0	ISS Logical 01	
INJURY	ISSLOG02	L	1	0	ISS Logical 02	
INJURY	ISSLOG03	L	1	0	ISS Logical 03	
INJURY	ISSLOG04	L	1	0	ISS Logical 04	
INJURY	ISSLOG05	L	1	0	ISS Logical 05	

INJURY	ISSLOG06	L	1	0	ISS Logical 06	
INJURY	ISSLOG07	L	1	0	ISS Logical 07	
INJURY	ISSLOG08	L	1	0	ISS Logical 08	
INJURY	ISSLOG09	L	1	0	ISS Logical 09	
INJURY	ISSLOG10	L	1	0	ISS Logical 10	
INJURY	ISSMEMO1	M	4	0	ISS Memo 01	
INJURY	WORKREL2	L	1	0	Work related? (Y/N)	R
INJURY	INJURYTIME	C	10	0	Time of Injury	Inj. Time
INJURY	CHGMARK	C	1	0		
Table	Field Name	Field Type	Length	Decimals	Field Description	Report Writer Heading
PERSON	PERSONID	C	10	0		
PERSON	CREATEUSER	C	4	0	User who created the record	UseC
PERSON	CREATEDATE	D	8	0	Date record was created	DateCr
PERSON	CREATETIME	C	8	0	Time record was created	TimeCr
PERSON	MODIFYUSER	C	4	0	User who last modified the record	UseM
PERSON	MODIFYDATE	D	8	0	Date record was last modified	DateMod
PERSON	MODIFYTIME	C	8	0	Time record was last modified	TimeMod
PERSON	FNAME	C	15	0	First name	First Name
PERSON	MI	C	1	0	Middle initial	M
PERSON	LNAME	C	20	0	Last name	Last Name
PERSON	STATUS	C	8	0	Status (Active/Inactive/Former)	Status
PERSON	SOCSEC	C	15	0	Social security number	Soc Sec #
PERSON	INSNUMBER	C	20	0	League number or insurance number	League Number
PERSON	TYPE	C	20	0	Personnel type	Personnel Type
PERSON	GENDER	C	6	0	Gender	Gender
PERSON	BIRTHDATE	D	8	0	Date of birth	Brthdate
PERSON	HEIGHT	C	5	0	Height	Hght
PERSON	WEIGHT	C	3	0	Weight	Wgt
PERSON	GRADE	C	2	0	Grade	Gr
PERSON	SPORT1	C	40	0	First sport played	Sport 1
PERSON	SPORT2	C	40	0	Second sport played	Sport 2
PERSON	SPORT3	C	40	0	Third sport played	Sport 3
PERSON	ALLSPORT	C	120	0		
PERSON	POSITION1	C	25	0	Position of first sport	Position 1
PERSON	POSITION2	C	25	0	Position of second sport	Position 2
PERSON	POSITION3	C	25	0	Position of third sport	Position 3
PERSON	DOMINANCE	C	5	0	Hand dominance	HDom

PERSON	THROWS	C	5	0	Throws (Right or Left)	Throw
PERSON	BATS	C	5	0	Hits (Right, Left or Both)	Bat
PERSON	SHOOTS	C	5	0	Shoots (Right or Left)	Shoot
PERSON	KICKS	C	5	0	Kicks (Right or Left)	Kick
PERSON	PADDRESS1	C	30	0	Permanent address line 1	Permanent Address 1
PERSON	PADDRESS2	C	30	0	Permanent address line 2	Permanent Address 2
PERSON	PCITY	C	20	0	Permanent address city	Permanent City
PERSON	PSTATE	C	2	0	Permanent address state	PS
PERSON	PZIP	C	10	0	Permanent address zip code	Perm Zip
PERSON	PPROVINCE	C	20	0	Permanent address province	Permanent Province
PERSON	PCOUNTRY	C	20	0	Permanent address country	Permanent Country
PERSON	PWPHONE	C	20	0	Permanent address work phone	Permanent WPhone
PERSON	PHPHONE	C	20	0	Permanent address home phone	Permanent HPhone
PERSON	PFAX	C	20	0	Permanent address fax	Permanent Fax
PERSON	PEMAIL	C	40	0	Permanent address e-mail address	Permanent E-Mail
PERSON	PCELL	C	20	0	Permanent address cell phone	Permanent Cell
PERSON	PPAGER	C	20	0	Permanent address pager	Permanent Pager
PERSON	SADDRESS1	C	30	0	Season address line 1	Season Address 1
PERSON	SADDRESS2	C	30	0	Season address line 2	Season Address 2
PERSON	SCITY	C	20	0	Season address city	Season City
PERSON	SSTATE	C	2	0	Season address state	SS
PERSON	SZIP	C	10	0	Season address zip code	Season Zip
PERSON	SPROVINCE	C	20	0	Season address province	Season Province
PERSON	SCOUNTRY	C	20	0	Season address country	Season Country
PERSON	SWPHONE	C	20	0	Season address work phone	Season WPhone
PERSON	SHPHONE	C	20	0	Season address home phone	Season HPhone
PERSON	SFAX	C	20	0	Season address fax	Season Fax
PERSON	SEMAIL	C	40	0	Season address e-mail address	Season E-Mail
PERSON	SCELL	C	20	0	Season address cell phone	Season Cell
PERSON	SPAGER	C	20	0	Season address pager	Season Pager
PERSON	SPOUSE	C	35	0	Spouse name	Spouse
PERSON	RELATIVE	C	35	0	Nearest relative name	Nearest Relative
PERSON	RELATION	C	20	0	Relation of nearest relative	Relation
PERSON	RADDRESS1	C	30	0	Relative address line 1	Relative Address 1
PERSON	RADDRESS2	C	30	0	Relative address line 2	Relative Address 2
PERSON	RCITY	C	20	0	Relative address city	Relative City
PERSON	RSTATE	C	2	0	Relative address state	RS
PERSON	RZIP	C	10	0	Relative address zip code	Rel Zip
PERSON	RPROVINCE	C	20	0	Relative address province	Relative Province

PERSON	RCOUNTRY	C	20	0	Relative address country	Relative Country
PERSON	RWPHONE	C	20	0	Relative address work phone	Relative WPhone
PERSON	RHPHONE	C	20	0	Relative address home phone	Relative HPhone
PERSON	RFAX	C	20	0	Relative address fax	Relative Fax
PERSON	REMAIL	C	40	0	Relative address e-mail address	Relative E-Mail
PERSON	RCELL	C	20	0	Relative address cell phone	Relative Cell
PERSON	RPAGER	C	20	0	Relative address pager	Relative Pager
PERSON	PHYSICIAN	C	35	0	Personal physician	Personal Physician
PERSON	PPADDRESS1	C	30	0	Personal physician address line 1	Physician Address 1
PERSON	PPADDRESS2	C	30	0	Personal physician address line 2	Physician Address 2
PERSON	PPCITY	C	20	0	Personal physician city	Physician City
PERSON	PPSTATE	C	2	0	Personal physician state	DS
PERSON	PPZIP	C	10	0	Personal physician zip code	Phys Zip
PERSON	PPPROVINCE	C	20	0	Personal physician province	Physician Province
PERSON	PPCOUNTRY	C	20	0	Personal physician country	Physician Country
PERSON	PPWPHONE	C	20	0	Personal physician work phone	Physician WPhone
PERSON	PPHPHONE	C	20	0	Personal physician home phone	Physician HPhone
PERSON	PPFAX	C	20	0	Personal physician fax	Physician Fax
PERSON	PPEMAIL	C	40	0	Personal physician e-mail address	Physician E-Mail
PERSON	PPCELL	C	20	0	Personal physician cell phone	Physician Cell
PERSON	PPPAGER	C	20	0	Personal physician pager	Physician Pager
PERSON	GLASSES	L	1	0	Are glasses worn? (Y/N)	G
PERSON	GLASSES_R	C	30	0	Strength of glasses - right eye	Glasses - Right
PERSON	GLASSES_L	C	30	0	Strength of glasses - left eye	Glasses - Left
PERSON	GLASSES_C	C	40	0	Glasses comment	Glasses - Comment
PERSON	CONTACTS	L	1	0	Are contacts worn? (Y/N)	C
PERSON	CONTACTS_R	C	30	0	Strength of contacts - right eye	Contacts - Right
PERSON	CONTACTS_L	C	30	0	Strength of contacts - left eye	Contacts - Left
PERSON	CONTACTS_C	C	40	0	Contacts comment	Contacts - Comment
PERSON	EYEDOCTOR	C	35	0	Eye doctor	Eye Doctor
PERSON	EDADDRESS1	C	30	0	Eye doctor address line 1	Eye Doctor Address 1
PERSON	EDADDRESS2	C	30	0	Eye doctor address line 2	Eye Doctor Address 2
PERSON	EDCITY	C	20	0	Eye doctor city	Eye Doctor City
PERSON	EDSTATE	C	2	0	Eye doctor state	ES
PERSON	EDZIP	C	10	0	Eye doctor zip	Eye D Zip
PERSON	EDPROVINCE	C	20	0	Eye doctor province	Eye Doctor Province
PERSON	EDCOUNTRY	C	20	0	Eye doctor country	Eye Doctor Country
PERSON	EDWPHONE	C	20	0	Eye doctor work phone	Eye Doctor WPhone
PERSON	EDHPHONE	C	20	0	Eye doctor home phone	Eye Doctor HPhone

PERSON	EDFAX	C	20	0	Eye doctor fax	Eye Doctor Fax
PERSON	EDEMAIL	C	40	0	Eye doctor e-mail address	Eye Doctor E-Mail
PERSON	EDCELL	C	20	0	Eye doctor cell phone	Eye Doctor Cell
PERSON	EDPAGER	C	20	0	Eye doctor pager	Eye Doctor Pager
PERSON	ALLERGIES	C	50	0	Allergies	Allergies
PERSON	MEDALLERGY	C	50	0	Medical alert allergies	Medical Alert Allergies
PERSON	COMMENT	M	4	0	Comment	Comment
PERSON	SRSURGERY	M	4	0	Sports related surgery	Sports Related Surgery
PERSON	SRMEDICAL	M	4	0	Sports related major medical problems	Sports Related Major Medical
PERSON	NSRSURGERY	M	4	0	Non-sports related surgery	Non-Sports Related Surgery
PERSON	NSRMEDICAL	M	4	0	Non-sports related major medical problem	Non-Sports Related Major Medical
PERSON	SCOUT	C	35	0	Scout name	Scout
PERSON	SCOUTPHONE	C	20	0	Scout phone number	Scout Phone
PERSON	SCOUTFAX	C	20	0	Scout fax number	Scout Fax
PERSON	DATESIGNED	D	8	0	Date signed	SignDate
PERSON	ACQUIRED	C	30	0	How acquired	How Acquired
PERSON	RELEASEDTE	D	8	0	Date released	RelsDate
PERSON	COLLEGE	C	30	0	College attended	College Attended
PERSON	AGENTNAME	C	35	0	Agent name	Agent
PERSON	AADDRESS1	C	30	0	Agent address line 1	Agent Address 1
PERSON	AADDRESS2	C	30	0	Agent address line 2	Agent Address 2
PERSON	ACITY	C	20	0	Agent city	Agent City
PERSON	ASTATE	C	2	0	Agent state	AS
PERSON	AZIP	C	10	0	Agent zip	Agent Zip
PERSON	APROVINCE	C	20	0	Agent province	Agent Province
PERSON	ACOUNTRY	C	20	0	Agent country	Agent Country
PERSON	AWPHONE	C	20	0	Agent work phone	Agent WPhone
PERSON	AHPHONE	C	20	0	Agent home phone	Agent HPhone
PERSON	AFAX	C	20	0	Agent fax	Agent Fax
PERSON	AEMAIL	C	40	0	Agent e-mail address	Agent E-Mail
PERSON	ACELL	C	20	0	Agent cell phone	Agent Cell
PERSON	APAGER	C	20	0	Agent pager	Agent Pager
PERSON	PTPERSONID	C	20	0	Private insurance number	Private Insurance #
PERSON	IMAGES	M	4	0		
PERSON	ELITE	L	1	0	Elite athlete	
PERSON	OLYMPIC	L	1	0	Olympic athlete	
PERSON	OTHERMEDS	C	50	0	Other medications taking	
PERSON	AOB	L	1	0	Assignment of benefits	
PERSON	SIGNATURE	G	4	0	Digital signature	

PERSON	ISSCHAR01	C	30	0	ISS Character 01	
PERSON	ISSCHAR02	C	30	0	ISS Character 02	
PERSON	ISSCHAR03	C	30	0	ISS Character 03	
PERSON	ISSCHAR04	C	30	0	ISS Character 04	
PERSON	ISSCHAR05	C	30	0	ISS Character 05	
PERSON	ISSPD01	C	30	0	ISS Pull Down 01	
PERSON	ISSPD02	C	30	0	ISS Pull Down 02	
PERSON	ISSPD03	C	30	0	ISS Pull Down 03	
PERSON	ISSPD04	C	30	0	ISS Pull Down 04	
PERSON	ISSPD05	C	30	0	ISS Pull Down 05	
PERSON	CURRENTMED	C	50	0	Current medications	Current Medications
PERSON	PERSTATUS1	L	1	0	Status 01	1
PERSON	PERSTATUS2	L	1	0	Status 02	2
PERSON	PERSTATUS3	L	1	0	Status 03	3
PERSON	PERSTATUS4	L	1	0	Status 04	4
PERSON	PERSTATUS5	L	1	0	Status 05	5
PERSON	PERSTDATE1	D	8	0	Status Date 01	Stat Date1
PERSON	PERSTDATE2	D	8	0	Status Date 02	Stat Date2
PERSON	PERSTDATE3	D	8	0	Status Date 03	Stat Date3
PERSON	PERSTDATE4	D	8	0	Status Date 04	Stat Date4
PERSON	PERSTDATE5	D	8	0	Status Date 05	Stat Date5
PERSON	I1TYPE	C	25	0	Ins 1 Type	Ins 1 Type
PERSON	I1GROUPNO	C	30	0	Ins 1 Group Number	Ins 1 Group Number
PERSON	I1POLICYNO	C	30	0	Ins 1 Policy Number	Ins 1 Policy Number
PERSON	I1FEDID	C	20	0	Ins 1 Federal ID Number	Ins 1 Federal ID #
PERSON	I1EXPDATE	D	8	0	Ins 1 Expiration Date	Ins1 ExpDt
PERSON	I1COMPANY	C	40	0	Ins 1 Company	Ins 1 Company
PERSON	I1CONTACT	C	35	0	Ins 1 Contact	Ins 1 Contact
PERSON	I1ADDRESS1	C	30	0	Ins 1 Address 1	Ins 1 Address 1
PERSON	I1ADDRESS2	C	30	0	Ins 1 Address 2	Ins 1 Address 2
PERSON	I1CITY	C	20	0	Ins 1 City	Ins 1 City
PERSON	I1STATE	C	2	0	Ins 1 State	St
PERSON	I1ZIP	C	10	0	Ins 1 Zip	Ins 1 Zip
PERSON	I1PROVINCE	C	20	0	Ins 1 Province	Ins 1 Province
PERSON	I1COUNTRY	C	20	0	Ins 1 Country	Ins 1 Country
PERSON	I1PHONE1	C	20	0	Ins 1 Phone 1	Ins 1 Phone 1
PERSON	I1PHONE2	C	20	0	Ins 1 Phone 2	Ins 1 Phone 2
PERSON	I1FAX	C	20	0	Ins 1 Fax	Ins 1 Fax
PERSON	I1EMAIL	C	40	0	Ins 1 Email	Ins 1 Email

PERSON	I2TYPE	C	25	0	Ins 2 Type	Ins 2 Type
PERSON	I2GROUPNO	C	30	0	Ins 2 Group Number	Ins 2 Group Number
PERSON	I2POLICYNO	C	30	0	Ins 2 Policy Number	Ins 2 Policy Number
PERSON	I2FEDID	C	20	0	Ins 2 Federal ID Number	Ins 2 Federal ID #
PERSON	I2EXPDATE	D	8	0	Ins 2 Expiration Date	Ins2 ExpDt
PERSON	I2COMPANY	C	40	0	Ins 2 Company	Ins 2 Company
PERSON	I2CONTACT	C	35	0	Ins 2 Contact	Ins 2 Contact
PERSON	I2ADDRESS1	C	30	0	Ins 2 Address 1	Ins 2 Address 1
PERSON	I2ADDRESS2	C	30	0	Ins 2 Address 2	Ins 2 Address 2
PERSON	I2CITY	C	20	0	Ins 2 City	Ins 2 City
PERSON	I2STATE	C	2	0	Ins 2 State	St
PERSON	I2ZIP	C	10	0	Ins 2 Zip	Ins 2 Zip
PERSON	I2PROVINCE	C	20	0	Ins 2 Province	Ins 2 Province
PERSON	I2COUNTRY	C	20	0	Ins 2 Country	Ins 2 Country
PERSON	I2PHONE1	C	20	0	Ins 2 Phone 1	Ins 2 Phone 1
PERSON	I2PHONE2	C	20	0	Ins 2 Phone 2	Ins 2 Phone 2
PERSON	I2FAX	C	20	0	Ins 2 Fax	Ins 2 Fax
PERSON	I2EMAIL	C	40	0	Ins 2 Email	Ins 2 Email
PERSON	CHGMARK	C	1	0		
Table	Field Name	Field Type	Length	Decimals	Field Description	Report Writer Heading
PHYSIC	PHYSICALID	C	10	0		
PHYSIC	PERSONID	C	10	0		
PHYSIC	CREATEUSER	C	4	0	User who created the record	UseC
PHYSIC	CREATEDATE	D	8	0	Date record was created	DateCr
PHYSIC	CREATETIME	C	8	0	Time record was created	TimeCr
PHYSIC	MODIFYUSER	C	4	0	User who last modified the record	UseM
PHYSIC	MODIFYDATE	D	8	0	Date record was last modified	DateMod
PHYSIC	MODIFYTIME	C	8	0	Time record was last modified	TimeMod
PHYSIC	SEASON	C	9	0	Season (Year - 2000, etc.)	Season
PHYSIC	SPORT	C	40	0	Sport	Sport
PHYSIC	TEAMNAME	C	35	0	Organization name	Organization Name
PHYSIC	PHYSICDATE	D	8	0	Physical date	Phy Date
PHYSIC	PHYSICIAN	C	40	0	Physician 1 (General Exam)	General Exam Physician
PHYSIC	DESCRIP	C	40	0	Purpose (description) of physical	Purpose of Physical
PHYSIC	HEIGHT	C	10	0	Height	Height
PHYSIC	WEIGHT	C	10	0	Weight	Weight
PHYSIC	BODYFAT	C	10	0	Body fat percentage	Body Fat %

PHYSIC	BLOODPRESS	C	10	0	Blood pressure	BloodPress
PHYSIC	PULSE	C	10	0	Pulse	Pulse
PHYSIC	BLOODTYPE	C	10	0	Blood type	Blood Type
PHYSIC	TEMPERATUR	C	10	0	Temperature	Temperate
PHYSIC	EYERIGHT	C	10	0	Right eye strength	Right Eye
PHYSIC	EYELEFT	C	10	0	Left eye strength	Left Eye
PHYSIC	TEST01DATE	D	8	0	Test 01 date	Test01Dt
PHYSIC	TEST01COMM	C	30	0	Test 01 comment	Test 01 Comment
PHYSIC	TEST02DATE	D	8	0	Test 02 date	Test02Dt
PHYSIC	TEST02COMM	C	30	0	Test 02 comment	Test 02 Comment
PHYSIC	TEST03DATE	D	8	0	Test 03 date	Test03Dt
PHYSIC	TEST03COMM	C	30	0	Test 03 comment	Test 03 Comment
PHYSIC	TEST04DATE	D	8	0	Test 04 date	Test04Dt
PHYSIC	TEST04COMM	C	30	0	Test 04 comment	Test 04 Comment
PHYSIC	TEST05DATE	D	8	0	Test 05 date	Test05Dt
PHYSIC	TEST05COMM	C	30	0	Test 05 comment	Test 05 Comment
PHYSIC	TEST06DATE	D	8	0	Test 06 date	Test06Dt
PHYSIC	TEST06COMM	C	30	0	Test 06 comment	Test 06 Comment
PHYSIC	TEST07DATE	D	8	0	Test 07 date	Test07Dt
PHYSIC	TEST07COMM	C	30	0	Test 07 comment	Test 07 Comment
PHYSIC	TEST08DATE	D	8	0	Test 08 date	Test08Dt
PHYSIC	TEST08COMM	C	30	0	Test 08 comment	Test 08 Comment
PHYSIC	TEST09DATE	D	8	0	Test 09 date	Test09Dt
PHYSIC	TEST09COMM	C	30	0	Test 09 comment	Test 09 Comment
PHYSIC	TEST10DATE	D	8	0	Test 10 date	Test10Dt
PHYSIC	TEST10COMM	C	30	0	Test 10 comment	Test 10 Comment
PHYSIC	TEST11DATE	D	8	0	Test 11 date	Test11Dt
PHYSIC	TEST11COMM	C	30	0	Test 11 comment	Test 11 Comment
PHYSIC	TEST12DATE	D	8	0	Test 12 date	Test12Dt
PHYSIC	TEST12COMM	C	30	0	Test 12 comment	Test 12 Comment
PHYSIC	TEST13DATE	D	8	0	Test 13 date	Test13Dt
PHYSIC	TEST13COMM	C	30	0	Test 13 comment	Test 13 Comment
PHYSIC	TEST14DATE	D	8	0	Test 14 date	Test14Dt
PHYSIC	TEST14COMM	C	30	0	Test 14 comment	Test 14 Comment
PHYSIC	TEST15DATE	D	8	0	Test 15 date	Test15Dt
PHYSIC	TEST15COMM	C	30	0	Test 15 comment	Test 15 Comment
PHYSIC	TEST16DATE	D	8	0	Test 16 date	Test16Dt
PHYSIC	TEST16COMM	C	30	0	Test 16 comment	Test 16 Comment
PHYSIC	TEST17DATE	D	8	0	Test 17 date	Test17Dt

PHYSIC	TEST17COMM	C	30	0	Test 17 comment	Test 17 Comment
PHYSIC	TEST18DATE	D	8	0	Test 18 date	Test18Dt
PHYSIC	TEST18COMM	C	30	0	Test 18 comment	Test 18 Comment
PHYSIC	TEST19DATE	D	8	0	Test 19 date	Test19Dt
PHYSIC	TEST19COMM	C	30	0	Test 19 comment	Test 19 Comment
PHYSIC	TEST20DATE	D	8	0	Test 20 date	Test20Dt
PHYSIC	TEST20COMM	C	30	0	Test 20 comment	Test 20 Comment
PHYSIC	TEST21DATE	D	8	0	Test 21 date	Test21Dt
PHYSIC	TEST21COMM	C	30	0	Test 21 comment	Test 21 Comment
PHYSIC	TEST22DATE	D	8	0	Test 22 date	Test22Dt
PHYSIC	TEST22COMM	C	30	0	Test 22 comment	Test 22 Comment
PHYSIC	TEST23DATE	D	8	0	Test 23 date	Test23Dt
PHYSIC	TEST23COMM	C	30	0	Test 23 comment	Test 23 Comment
PHYSIC	TEST24DATE	D	8	0	Test 24 date	Test24Dt
PHYSIC	TEST24COMM	C	30	0	Test 24 comment	Test 24 Comment
PHYSIC	TEST25DATE	D	8	0	Test 25 date	Test25Dt
PHYSIC	TEST25COMM	C	30	0	Test 25 comment	Test 25 Comment
PHYSIC	TEST26DATE	D	8	0	Test 26 date	Test26Dt
PHYSIC	TEST26COMM	C	30	0	Test 26 comment	Test 26 Comment
PHYSIC	TEST27DATE	D	8	0	Test 27 date	Test27Dt
PHYSIC	TEST27COMM	C	30	0	Test 27 comment	Test 27 Comment
PHYSIC	TEST28DATE	D	8	0	Test 28 date	Test28Dt
PHYSIC	TEST28COMM	C	30	0	Test 28 comment	Test 28 Comment
PHYSIC	TEST29DATE	D	8	0	Test 29 date	Test29Dt
PHYSIC	TEST29COMM	C	30	0	Test 29 comment	Test 29 Comment
PHYSIC	TEST30DATE	D	8	0	Test 30 date	Test30Dt
PHYSIC	TEST30COMM	C	30	0	Test 30 comment	Test 30 Comment
PHYSIC	IMMU01DATE	D	8	0	Immunization 01 date	Immu01Dt
PHYSIC	IMMU01COMM	C	30	0	Immunization 01 comment	Immunization 01 Comment
PHYSIC	IMMU02DATE	D	8	0	Immunization 02 date	Immu02Dt
PHYSIC	IMMU02COMM	C	30	0	Immunization 02 comment	Immunization 02 Comment
PHYSIC	IMMU03DATE	D	8	0	Immunization 03 date	Immu03Dt
PHYSIC	IMMU03COMM	C	30	0	Immunization 03 comment	Immunization 03 Comment
PHYSIC	IMMU04DATE	D	8	0	Immunization 04 date	Immu04Dt
PHYSIC	IMMU04COMM	C	30	0	Immunization 04 comment	Immunization 04 Comment
PHYSIC	IMMU05DATE	D	8	0	Immunization 05 date	Immu05Dt
PHYSIC	IMMU05COMM	C	30	0	Immunization 05 comment	Immunization 05 Comment
PHYSIC	IMMU06DATE	D	8	0	Immunization 06 date	Immu06Dt
PHYSIC	IMMU06COMM	C	30	0	Immunization 06 comment	Immunization 06 Comment

PHYSIC	IMMU07DATE	D	8	0	Immunization 07 date	Immu07Dt
PHYSIC	IMMU07COMM	C	30	0	Immunization 07 comment	Immunization 07 Comment
PHYSIC	IMMU08DATE	D	8	0	Immunization 08 date	Immu08Dt
PHYSIC	IMMU08COMM	C	30	0	Immunization 08 comment	Immunization 08 Comment
PHYSIC	IMMU09DATE	D	8	0	Immunization 09 date	Immu09Dt
PHYSIC	IMMU09COMM	C	30	0	Immunization 09 comment	Immunization 09 Comment
PHYSIC	IMMU10DATE	D	8	0	Immunization 10 date	Immu10Dt
PHYSIC	IMMU10COMM	C	30	0	Immunization 10 comment	Immunization 10 Comment
PHYSIC	IMMU11DATE	D	8	0	Immunization 11 date	Immu11Dt
PHYSIC	IMMU11COMM	C	30	0	Immunization 11 comment	Immunization 11 Comment
PHYSIC	IMMU12DATE	D	8	0	Immunization 12 date	Immu12Dt
PHYSIC	IMMU12COMM	C	30	0	Immunization 12 comment	Immunization 12 Comment
PHYSIC	IMMU13DATE	D	8	0	Immunization 13 date	Immu13Dt
PHYSIC	IMMU13COMM	C	30	0	Immunization 13 comment	Immunization 13 Comment
PHYSIC	IMMU14DATE	D	8	0	Immunization 14 date	Immu14Dt
PHYSIC	IMMU14COMM	C	30	0	Immunization 14 comment	Immunization 14 Comment
PHYSIC	IMMU15DATE	D	8	0	Immunization 15 date	Immu15Dt
PHYSIC	IMMU15COMM	C	30	0	Immunization 15 comment	Immunization 15 Comment
PHYSIC	NOTRISKFC	M	4	0	Notable risk factors concern	Notable Risk Factors Concern
PHYSIC	NOTRISKFP	M	4	0	Notable risk factors plan	Notable Risk Factors Plan
PHYSIC	NOTLABAC	M	4	0	Notable lab abnormalities concern	Notable Lab Abnormalities Concern
PHYSIC	NOTLABAP	M	4	0	Notable lab abnormalities plan	Notable Lab Abnormalities Plan
PHYSIC	NOTEKGAC	M	4	0	Notable EKG/Radio. abnormalities concern	Notable EKG/Radio. Abnormalities Concern
PHYSIC	NOTEKBAP	M	4	0	Notable EKG/Radio. abnormalities plan	Notable EKG/Radio. Abnormalities Plan
PHYSIC	NOTEXAMFC	M	4	0	Notable examination findings concern	Notable Examination Findings Concern
PHYSIC	NOTEXAMFP	M	4	0	Notable examination findings plan	Notable Examination Findings Plan
PHYSIC	INTPROBC	M	4	0	Internal problems concern	Internal Problems Concern
PHYSIC	INTPROBP	M	4	0	Internal problems plan	Internal Problems Plan
PHYSIC	OTHER	M	4	0	Other findings and comments	Other Findings and Comments
PHYSIC	IMAGES	M	4	0		
PHYSIC	CURRENTMED	C	50	0	Current medications	Current medications
PHYSIC	DICTATION	M	4	0	Dictation	Dictation
PHYSIC	PHYSICIAN2	C	40	0	Physician 2 (Orthopedic Exam)	Orthopedic Exam Physician
PHYSIC	CHGMARK	C	1	0		

Table	Field Name	Field Type	Length	Decimals	Field Description	Report Writer Heading
PROGRS	PROGRESSID	C	10	0		
PROGRS	PERSONID	C	10	0		
PROGRS	INJURYID	C	10	0		
PROGRS	CREATEUSER	C	4	0	User who created the record	UseC
PROGRS	CREATEDATE	D	8	0	Date record was created	DateCr
PROGRS	CREATETIME	C	8	0	Time record was created	TimeCr
PROGRS	MODIFYUSER	C	4	0	User who last modified the record	UseM
PROGRS	MODIFYDATE	D	8	0	Date record was last modified	DateMod
PROGRS	MODIFYTIME	C	8	0	Time record was last modified	TimeMod
PROGRS	SEASON	C	9	0	Season (Year - 2000, etc.)	Season
PROGRS	SPORT	C	40	0	Sport	Sport
PROGRS	TEAMNAME	C	35	0	Organization name	Organization Name
PROGRS	SUBMITTED	L	1	0	Has this report been submitted? (Y/N)	S
PROGRS	SUBMITDATE	D	8	0	Date report was submitted	Sub Date
PROGRS	PROGRSDATE	D	8	0	Date of the progress report	Prg Date
PROGRS	STATUS	C	6	0	Status of the progress report (injury)	Status
PROGRS	PROGRESS	M	4	0	Progress of the injury	Progress of Injury
PROGRS	NONACTIVE	M	4	0	Non-active treatment	Non-Active Treatment
PROGRS	ACTIVE	M	4	0	Active treatment	Active Treatment
PROGRS	MEDICATION	M	4	0	Medication	Medication
PROGRS	FUNCACT	M	4	0	Functional Activity	Functional Activity
PROGRS	COMMENT	M	4	0	Comment	Comment
PROGRS	DICTATION	M	4	0	Doctor's dictation	Dictation
PROGRS	SUBJECTIVE	M	4	0	S.O.A.P. - Subjective	Subjective
PROGRS	OBJECTIVE	M	4	0	S.O.A.P. - Objective	Objective
PROGRS	ASSESSMENT	M	4	0	S.O.A.P. - Assessment	Assessment
PROGRS	PLAN	M	4	0	S.O.A.P. - Plan	Plan
PROGRS	IMAGES	M	4	0		
PROGRS	CHGMARK	C	1	0		
Table	Field Name	Field Type	Length	Decimals	Field Description	Report Writer Heading
SCHEDULE	SCHEDULEID	C	10	0		
SCHEDULE	CREATEUSER	C	4	0	User who created the record	UseC
SCHEDULE	CREATEDATE	D	8	0	Date record was created	DateCr
SCHEDULE	CREATETIME	C	8	0	Time record was created	TimeCr
SCHEDULE	MODIFYUSER	C	4	0	User who last modified the record	UseM

SCHEDULE	MODIFYDATE	D	8	0	Date record was last modified	DateMod
SCHEDULE	MODIFYTIME	C	8	0	Time record was last modified	TimeMod
SCHEDULE	TEAMNUMBER	C	2	0	Team number	O#
SCHEDULE	YEAR	C	9	0	Year (season - 2000, etc.)	Season
SCHEDULE	SPORT	C	40	0	Sport	Sport
SCHEDULE	SEASON	C	15	0	Season (pre, regular, post)	Game Season
SCHEDULE	SCHEDDATE	D	8	0	Date of game	Sch Date
SCHEDULE	OPPONENT	C	25	0	Opponent	Opponent
SCHEDULE	LOCATION	C	25	0	Location of game	Location
SCHEDULE	DAYNIGHT	C	5	0	Day or night game	When
SCHEDULE	GAMETIME	C	10	0	Time of game	Time
SCHEDULE	NUMGAMES	N	1	0	Number of games	#
SCHEDULE	RESULT1	C	4	0	Result of first game	Res1
SCHEDULE	RESULT2	C	4	0	Result of second game	Res2
SCHEDULE	ISSNUM01	N	5	0	ISS Numeric 01	
SCHEDULE	ISSNUM02	N	5	0	ISS Numeric 02	
SCHEDULE	ISSCHAR01	C	10	0	ISS Character 01	
SCHEDULE	ISSCHAR02	C	10	0	ISS Character 02	
SCHEDULE	TEMPERATE	N	3	0	Temperature	Tmp
SCHEDULE	HUMIDITY	N	3	0	Humidity	Hum
SCHEDULE	HEATINDEX	N	3	0	Heat Index	HIn
SCHEDULE	DURATION	C	5	0	Duration	Dur.
SCHEDULE	CHGMARK	C	1	0		
Table	Field Name	Field Type	Length	Decimals	Field Description	Report Writer Heading
STATUS	CONTROLID	C	2	0	Control (organization) ID number	
STATUS	FACILITYID	C	8	0	Next facility ID number	
STATUS	SCHEDULEID	C	8	0	Next schedule ID number	
STATUS	PERSONID	C	8	0	Next personnel ID number	
STATUS	INJURYID	C	8	0	Next injury ID number	
STATUS	PROGRESSID	C	8	0	Next progress ID number	
STATUS	TREATMNTID	C	8	0	Next treatment ID number	
STATUS	WEIGHTID	C	8	0	Next weight ID number	
STATUS	FACTRNID	C	8	0	Next facility transaction ID number	
STATUS	PHYSICALID	C	8	0	Next physical ID number	
STATUS	WCHEADID	C	8	0	Next W/C header ID number	
STATUS	WCLINEID	C	8	0	Next W/C line item ID number	
STATUS	ORGEXPID	C	3	0	Next organization weekly export number	

STATUS	MSTEXPID	C	3	0	Next master export number	
Table	Field Name	Field Type	Length	Decimals	Field Description	Report Writer Heading
TRTMNT	TREATMNTID	C	10	0		
TRTMNT	PERSONID	C	10	0		
TRTMNT	INJURYLINK	L	1	0	Treatment linked to an injury? (Y/N)	I
TRTMNT	INJURYID	C	10	0		
TRTMNT	CREATEUSER	C	4	0	User who created the record	UseC
TRTMNT	CREATEDATE	D	8	0	Date record was created	DateCr
TRTMNT	CREATETIME	C	8	0	Time record was created	TimeCr
TRTMNT	MODIFYUSER	C	4	0	User who last modified the record	UseM
TRTMNT	MODIFYDATE	D	8	0	Date record was last modified	DateMod
TRTMNT	MODIFYTIME	C	8	0	Time record was last modified	TimeMod
TRTMNT	SEASON	C	9	0	Season (Year - 2000, etc.)	Season
TRTMNT	SPORT	C	40	0	Sport	Sport
TRTMNT	TEAMNUMBER	C	2	0	Organization number	O#
TRTMNT	TEAMNAME	C	35	0	Organization name	Organization Name
TRTMNT	TREATDATE	D	8	0	Treatment date	Trt Date
TRTMNT	STATUS	C	8	0	Status (Able, Not Able, Limited)	Status
TRTMNT	MISSEDDAY	L	1	0	Is this a missed day? (Y/N)	M
TRTMNT	INJURY	M	4	0	Injury	Injury
TRTMNT	BODYPART	M	4	0	Body part	Body Part
TRTMNT	NONACTIVE	M	4	0	Non-active treatment	Non-Active Treatment
TRTMNT	ACTIVE	M	4	0	Active treatment	Active Treatment
TRTMNT	MEDICATION	M	4	0	Medication	Medication
TRTMNT	FUNCACT	M	4	0	Functional activity	Functional Activity
TRTMNT	LIMITATION	M	4	0	Limitation	Limitation
TRTMNT	COMMENT	M	4	0	Comment	Comment
TRTMNT	SUBJECTIVE	M	4	0	S.O.A.P. - Subjective	Subjective
TRTMNT	OBJECTIVE	M	4	0	S.O.A.P. - Objective	Objective
TRTMNT	ASSESSMENT	M	4	0	S.O.A.P. - Assessment	Assessment
TRTMNT	PLAN	M	4	0	S.O.A.P. - Plan	Plan
TRTMNT	DLDAY	L	1	0	D/L day? (Y/N)	D
TRTMNT	OSHA	C	3	0	OSHA recordable (Yes/No)	OSH
TRTMNT	IMAGES	M	4	0		
TRTMNT	PRINTONREP	L	1	0	Print on treatment reports (Y/N)	P
TRTMNT	PROGRAMID	C	20	0	Program ID	Program ID
TRTMNT	PROGRAM	M	4	0	Program	Program

TRTMNT	NEWINJURY	L	1	0	New injury? (Y/N)	N
TRTMNT	SURGDATE	D	8	0	Date of surgery	Surg Date
TRTMNT	REPORTSTAT	C	30	0	Report status	Report Status
TRTMNT	CHGMARK	C	1	0		
Table	Field Name	Field Type	Length	Decimals	Field Description	Report Writer Heading
WEIGHT	WEIGHTID	C	10	0		
WEIGHT	PERSONID	C	10	0		
WEIGHT	CREATEUSER	C	4	0	User who created the record	UseC
WEIGHT	CREATEDATE	D	8	0	Date record was created	DateCr
WEIGHT	CREATETIME	C	8	0	Time record was created	TimeCr
WEIGHT	MODIFYUSER	C	4	0	User who last modified the record	UseM
WEIGHT	MODIFYDATE	D	8	0	Date record was last modified	DateMod
WEIGHT	MODIFYTIME	C	8	0	Time record was last modified	TimeMod
WEIGHT	SEASON	C	9	0	Season (Year - 2000, etc.)	Season
WEIGHT	SPORT	C	40	0	Sport	Sport
WEIGHT	WEIGHTDATE	D	8	0	Date weighed	Wgt Date
WEIGHT	WEIGHT	N	3	0	Weight	Wgt
WEIGHT	BODYFAT	N	4	1	Percent body fat	BFat
WEIGHT	METHOD	C	1	0	Method of measuring percent body fat	M
WEIGHT	COMMENT	C	30	0	Body fat method comment	Body Fat Method Comment
WEIGHT	CHGMARK	C	1	0		