

Magus

Ars Magica

Name: _____

Covenant: _____

Player: _____

Intelligence ___ Strength ___ Presence ___ Dexterity ___
 Perception ___ Stamina ___ Communication ___ Quickness ___

Size 0

Confidence (3) _____

Brave	↔	Cowardly	Reputation	Location	Lvl	Exp	Description
_____	↔	_____	_____	_____	_____	_____	Age ___ Born _____
_____	↔	_____	_____	_____	_____	_____	Current Year _____
_____	↔	_____	_____	_____	_____	_____	
_____	↔	_____	_____	_____	_____	_____	
_____	↔	_____	_____	_____	_____	_____	

Magical Attributes

Magical Arts

Technique	Score	Exp	Form	Score	Exp
CREO	<input type="text"/>	_____	ANIMALEM	<input type="text"/>	_____
INTELLEGO	<input type="text"/>	_____	AQUAM	<input type="text"/>	_____
MUTO	<input type="text"/>	_____	AURUM	<input type="text"/>	_____
PERDO	<input type="text"/>	_____	CORPOREM	<input type="text"/>	_____
REGO	<input type="text"/>	_____	HERBAM	<input type="text"/>	_____
			IGNEM	<input type="text"/>	_____
			IMAGONEM	<input type="text"/>	_____
			MENTEM	<input type="text"/>	_____
			TERRAM	<input type="text"/>	_____
			VIM	<input type="text"/>	_____

Abilities

	Score	Exp
Speak Own Language (4)	<input type="text"/>	_____
Speak Latin (5)	<input type="text"/>	_____
Scribe Latin (3)	<input type="text"/>	_____
Magic Theory (3)	<input type="text"/>	_____
Aid (5)	<input type="text"/>	_____
HERMES LORE (3)	<input type="text"/>	_____

Weapon	1st/Rate	Atk	Dam	Resilience/Range	Load
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>

Defense	type	total	Armor (if any)
<input type="text"/>	_____	<input type="text"/>	_____
<input type="text"/>	_____	<input type="text"/>	_____

Fatigue Levels

Fatigue Total

Fresh	<input checked="" type="checkbox"/>
Winded	<input type="checkbox"/>
Weary (-1)	<input type="checkbox"/>
Tired (-3)	<input type="checkbox"/>
Dazed (-5)	<input type="checkbox"/>
Unconscious	<input type="checkbox"/>

Body Levels

Soak Total

Unhurt	<input checked="" type="checkbox"/>
Hurt	<input type="checkbox"/>
Light Wounds (-1)	<input type="checkbox"/>
Medium Wounds (-3)	<input type="checkbox"/>
Heavy Wounds (-5)	<input type="checkbox"/>
Incapacitated	<input type="checkbox"/>

Equipment

Load ___ (Str ___) Enc ___