

Name _____

Date _____

Human Traits: Group Results

Trait	Name:	Name:	Name:	Name:	Group Totals
Eye Color:					
blue					
brown					
gray					
green					
hazel					
Tongue Rolling:					
yes					
no					
Finger Crossing:					
yes					
no					
Height (in cm)					
Armspan (in cm)					
PTC Tasting:					
yes					
no					