

5) Name any Illnesses, Conditions, Diseases or Diagnosis that you have or have had:

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6) Serious Injuries:

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7) All Operations and Surgery:

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8) Any other hospitalizations and the reasons for them: Also include dates:

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9) List all medications (Please include aspirin, tylenol, cold remedies, vitamins or supplements, tranquilizers, weight reducers, birth control pills, laxatives):

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10) Allergies (Name any drugs or food to which you are allergic):

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