MEDICAL HISTORY

	A B		A 151	dy. Health problems that you may seive. Thank you for answering the
Are you ever been hospital Have you ever had Are you taking a Do you take, or have y Have you ever taken For other medication Do you Are you allergic to any of	cillin Codeine	Yes No If yes, pla Yes No If yes, pla Yes No If yes, pla Yes No Metal	Jomen: Are you Pregnant/Trying to get pre Taking oral contraceptives	gnant? Nursing?
Do you have, or have you AIDS/HIV Positive AIZheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Have you ever had any se	had, any of the following? Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Cortisone Medicine Dlabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizures Excessive Bleeding Excessive Bleeding Excessive Thirst Fainting Spells/Dizziness Frequent Cough Frequent Diarrhea	Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Yes () No If yes, pleas		
Comments:	edge, the questions on this form	have been accurately answ	rered. I understand that provid	ing incorrect information can be