



MEDICAL FINDINGS SURVEY

If you have or have had one of the following conditions?

(Please tick as appropriate and enter additional answer if necessary)

- Allergies to
- Asthma
- Bleeding disorder
- Diabetes
- Epilepsie
- Disease of the thyroid gland

Cardiovascular diseases

- Heart failure
- Heart attack
- Heart rythm disorder
- hypertension/hypotension
- Pacemaker

Infectious diseases

- TBC
- HIV/AIDS
- Hepatitis A
- Hepatitis B
- Hepatitis C

Other diseases

- Liver disease
- Gastro-intestinal disease
- Kidney disease
- Rheumatism
- Tumors/cancer
- Any other diseases

Do you take any medicine regularly? If yes, which?

Do you smoke? If yes, how much per day?

There is a pragnancy? If yes, how many months have passed?

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Date

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Signature