

Allergies

Collection date of allergy information:

(DD-MM-YYYY)

ALLERGIES

Does the participant have any known allergies?

- ☐ Yes
☐ No

(If Yes) Specify allergy/ies:

- ☐ Drug
☐ Milk/Lactose
☐ Eggs
☐ Tree Nuts
☐ Peanuts
☐ Shellfish
☐ Wheat Soy
☐ Fish
☐ Other

(If Drug Allergy) Specify which drug/s:

(If Other) Specify other allergy type/s:

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H3ABioNet & H3Africa Phenotype Standards