Medical Forms

MEDICALS

General Information for medicals

		Answer
	Do you have health problem(s)?	No
	Are you currently on any medication?	No
	Are you allergic to any drugs?	No

Past medical history

		Answer
	Any history of surgical operation?	No
	Have you been hospitalized in the past one year?	No

Any past history of

	Any past history of:	Answer
	Asthmatic attacks?	No
	Epilepsy/Convulsions?	No
	Mental Illness?	No
	Tuberculosis?	No
	Drug Addiction?	No
	Heart Disease?	No
	Kidney Disease?	No
	Diabetes Mellitus?	No
	High Blood Pressure?	No
	Bone Pains?	No

Any family history of:

		Answer
	Epilepsy?	No
	Mental Illness?	No
	[illegible]	[illegible]

	Tuberculosis?	No
	Diabetes?	No
	High Blood Pressure?	No
	Asthmatic?	No
	Heart Disease?	No

		Answer
	Family Doctor Details	**Name of the Doctor: Address of the Doctor: Doctor's Country:** **Doctor's State:** **Telephone of the Doctor: Email of the Doctor:**