#### 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 his	tory of surgical operation?	No
Have yo	ou 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

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: