

# Editable PDF Form

First name:

John

Last name:

Adams

Please specify your gender:

☐ Female

☒ Male

☐ Non-Binary / Other

Please select all medical conditions that apply:

- ☐ Hypertension
- ☐ Heart Disease
- ☐ Stroke
- ☐ Diabetes
- ☐ Kidney Disease

input text