

HK 111 9042

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
ARE YOU A UNITED STATES CITIZEN? YES \_\_\_\_\_ NO \_\_\_\_\_

Medical history:

1. Do you consider yourself to be in good health at the present time?  
yes \_\_\_\_\_ no \_\_\_\_\_
2. Have you ever been refused employment, insurance, or rejected from the  
armed forces because of your health? yes \_\_\_\_\_ no \_\_\_\_\_
3. Do you now have or have you ever had any of the following illnesses?

	Yes _____	No _____
asthma	_____	_____
bronchitis	_____	_____
hay fever	_____	_____
rheumatic fever	_____	_____
epilepsy	_____	_____
tuberculosis	_____	_____
diabetes	_____	_____
increased blood pressure	_____	_____
stomach trouble	_____	_____
migraine headache	_____	_____
serious infections	_____	_____
skin trouble	_____	_____
arthritis	_____	_____
tooth ache	_____	_____
bleeding gums	_____	_____
bladder or kidney trouble	_____	_____
nervous or mental disorder	_____	_____
infectious mononucleosis	_____	_____
heart trouble	_____	_____
4. Do you have any allergies to drugs, foods, animals, plants, insects, dust, etc?  
yes \_\_\_\_\_ no \_\_\_\_\_ If yes, please explain.
5. Have you ever been treated for excessive or chronic drug use?  
yes \_\_\_\_\_ no \_\_\_\_\_