

File No: 2329

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|          |  |   |
| Yes      | No   | Others, Please Specify  |
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|          |  |   |
|          |  |   |
| er       |  | Fainting / Seizures   |
|          |  | Leukemia  |
|          |  | Lung Disease  |
|          | -  | Hepatitis/Jaundice  |
|          |  | AIDS/HIV Infection  |
| Specify. |  |   |
| Yes      | No   | Others, Please Specify  |
|          | _  | ,                               |
|          | _  |   |
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|          | _  |   |
|          | _  |   |
|          | /  |   |
| Yes      | No   | Others, Please Specify  |
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|          |  |   |
| URRENT   | PAIN IN  | NTENSITY  |
| (        | 5  | 10 HURTS WORST  |
|          | Nation Na | Nationality:  Newspap  Versa.  Yes No  Yes No  Versa.  Yes No  Versa. |

To the best of my knowledge, all of the preceding answer and information provided are true and correct. If I ever have any change in my health, I will inform the doctor at the next appointment without fail.