## **Medical History**

		D	ate:		
DOB:	Physician:				
Approximate date of your	last physical:				
Have you ever had any ma	jor operations? Please ex	xplain:			
Have you ever had a serio	us accident involving hea	ad injuries?			
Has a physician ever inforr	ned you or do you have a	any of the follow	ving medica	l problem:	s:
Has a physician ever inforr  • Heart disease	ned you or do you have a		ving medica		s:
		yes			s:
Heart disease	e	yes yes	no		s:
<ul><li>Heart disease</li><li>High blood pressur</li></ul>	e	yes yes	no no		s:
<ul><li>Heart disease</li><li>High blood pressur</li><li>Respiratory disease</li></ul>	e	yes yes yes	no no no no		s:
<ul><li>Heart disease</li><li>High blood pressur</li><li>Respiratory disease</li><li>Diabetes</li></ul>	e e	yes yes yes yes	nononononono		s:
<ul> <li>Heart disease</li> <li>High blood pressur</li> <li>Respiratory disease</li> <li>Diabetes</li> <li>Arthritis</li> </ul>	e e	yes yes yes yes yes	no		s:
<ul> <li>Heart disease</li> <li>High blood pressur</li> <li>Respiratory disease</li> <li>Diabetes</li> <li>Arthritis</li> <li>Tumors or growths</li> </ul>	e	yes yes yes yes yes yes	nononononononononononono		s:
<ul> <li>High blood pressur</li> <li>Respiratory disease</li> <li>Diabetes</li> <li>Arthritis</li> <li>Tumors or growths</li> <li>Any liver disease</li> </ul>	e e estinal disorders	yes yes yes yes yes yes	no		s: