

AST NAMEFIRST NAMI		FIRST NAME		Male / Female Age
IEALTH HISTO	<u> DRY</u> – Applican	t to complete top half only!		
lease answer these o	questions to the bes	t of your ability. Please explain a	any "Yes	" answers.
1. Do you have a	ny medical illnesses or	conditions?	No	Yes
2. Do you have a	3 1 3		No	Yes
	J 1 1		No	Yes
4. Have you ever been hospitalized?			No	Yes
5. Have you undergone surgery?			No	Yes
6. Do you use illegal drugs or have a history of alcohol problems?			No	Yes
7. Do you have any chronic accident / injury-related conditions?			No	Yes
8. Have you ever suffered from a sexually transmitted disease (STD)?			No	Yes
9. Are you dependent on others to meet your daily personal care needs?			No	Yes
10. Are you <u>unable</u> to attend school or work?			No	Yes
11. To your knowledge, have you ever had varicella (chicken pox)?			No	Yes
12. Have you ever tested positive or had treatment for tuberculosis (TB)?			No No	Yes
	13. Do you have vaccination records or translation in English?			Yes Yes
<ul><li>14. Do you have health insurance of any kind?</li><li>15. WOMEN ONLY: Are you pregnant or attempting to become pregnant?</li></ul>			No No	Yes
Examinee s	signature			
Examinee s		Examiner to complete  BP Vision 20/		Without / With Contacts / Glasse
Examinee s	. <u>MINATION</u> – I	BP Vision 20/_		Without / With Contacts / Glasse
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Examinee s  PHYSICAL EXA  TT WT  kin  IEENT  leart / Lungs  xtremities  lbdomen  pine	. <u>MINATION</u> – I	BP Vision 20/_		Without / With Contacts / Glasse
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Examinee s	. <u>MINATION</u> – I	BP Vision 20/_		Without / With Contacts / Glasse
Examinee s  PHYSICAL EXA  IT WT  kin  IEENT  Ieart / Lungs Extremities Abdomen  pine  Neurologic	Normal	BP Vision 20/_		

Gregory T. Snider, MD Designated Civil Surgeon #104038