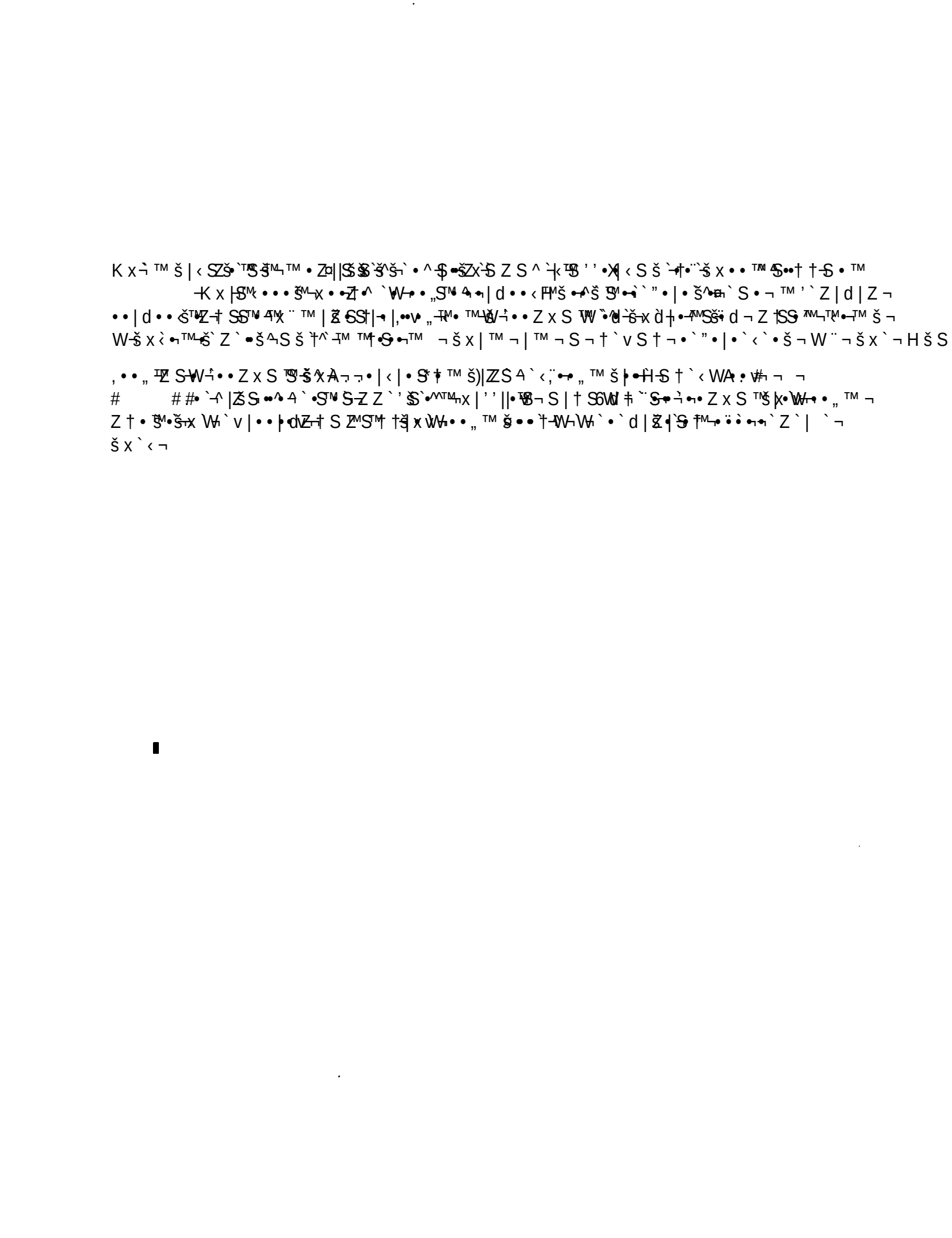

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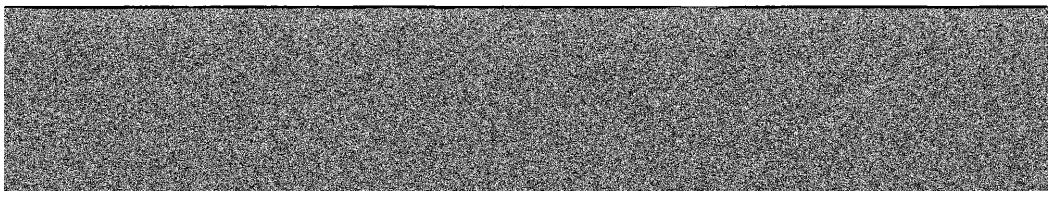

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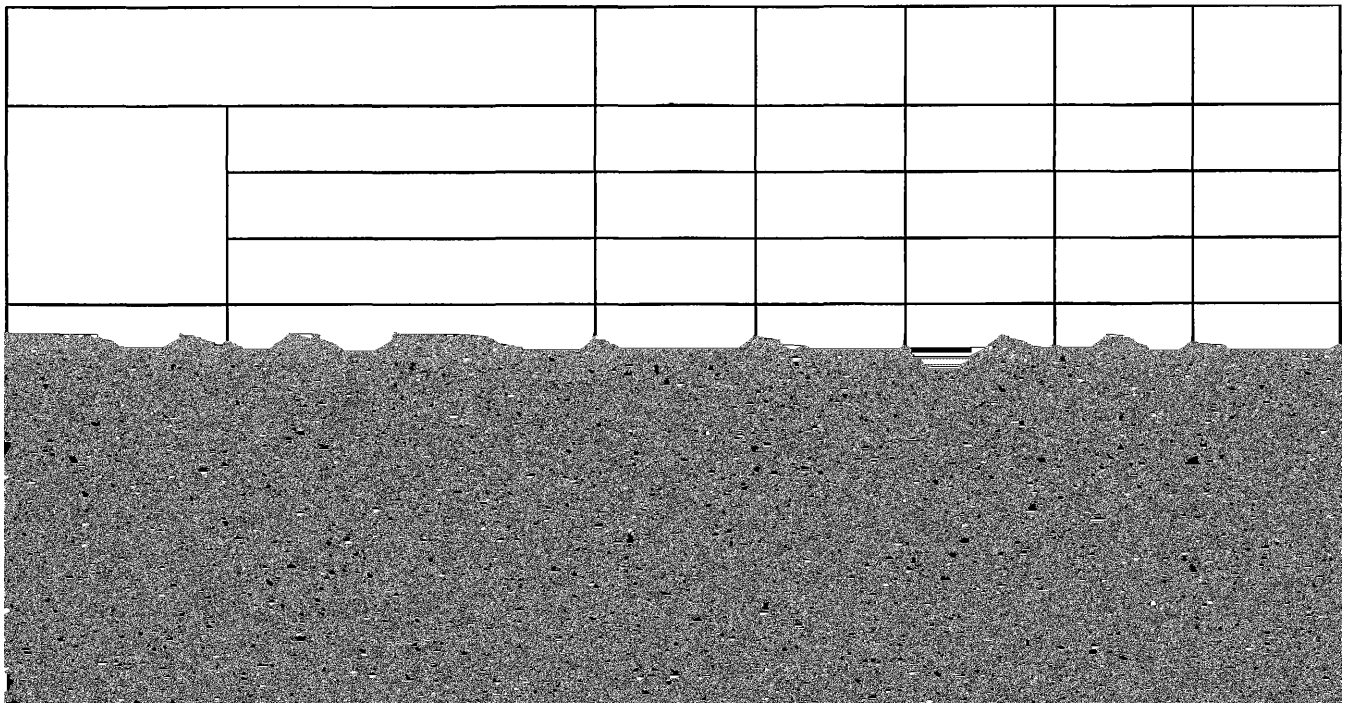

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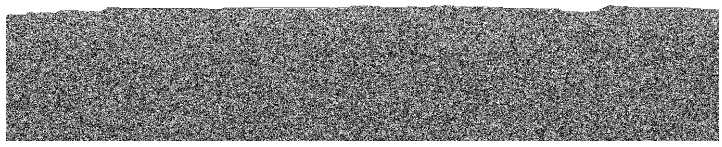

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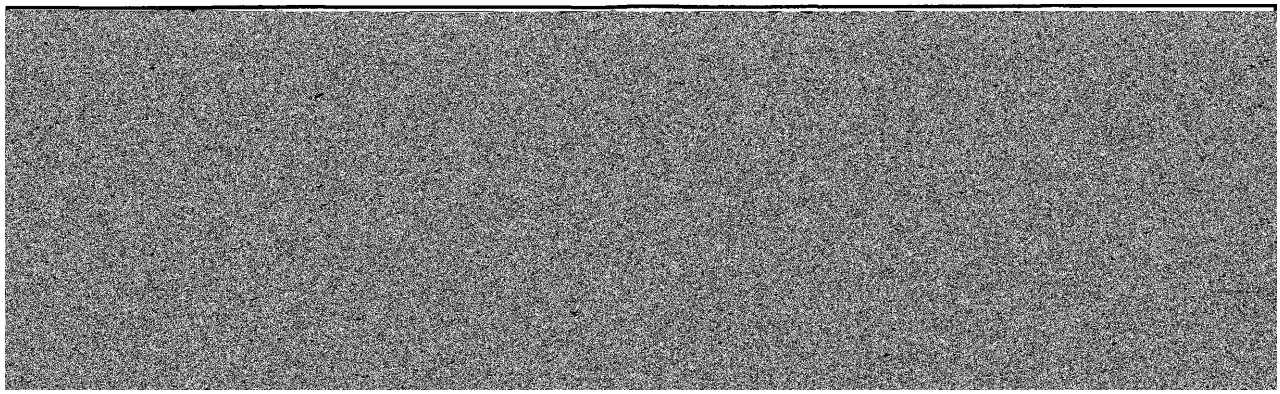

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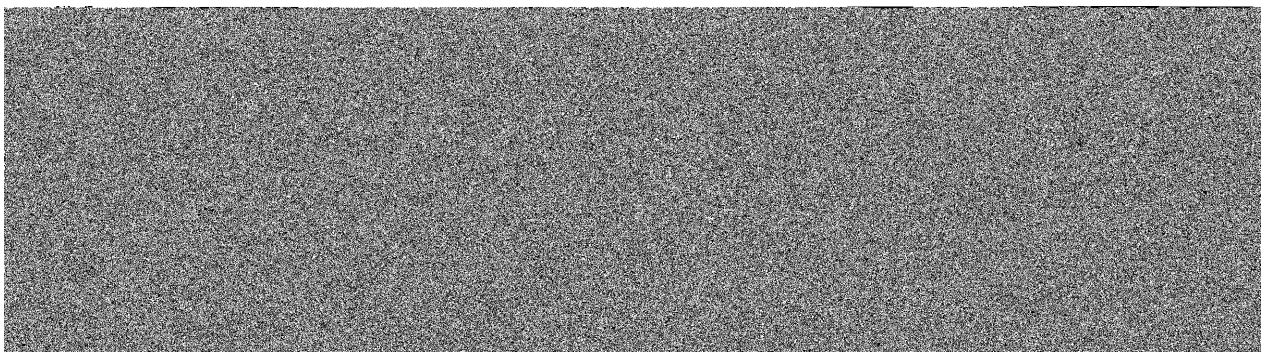

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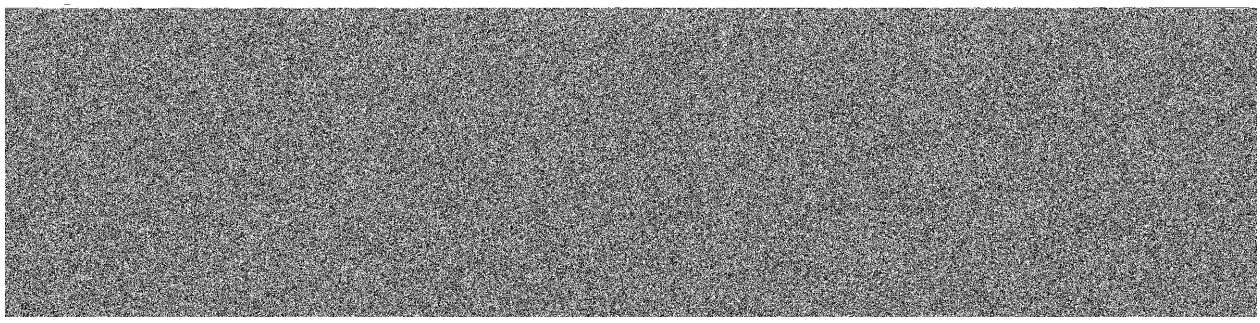

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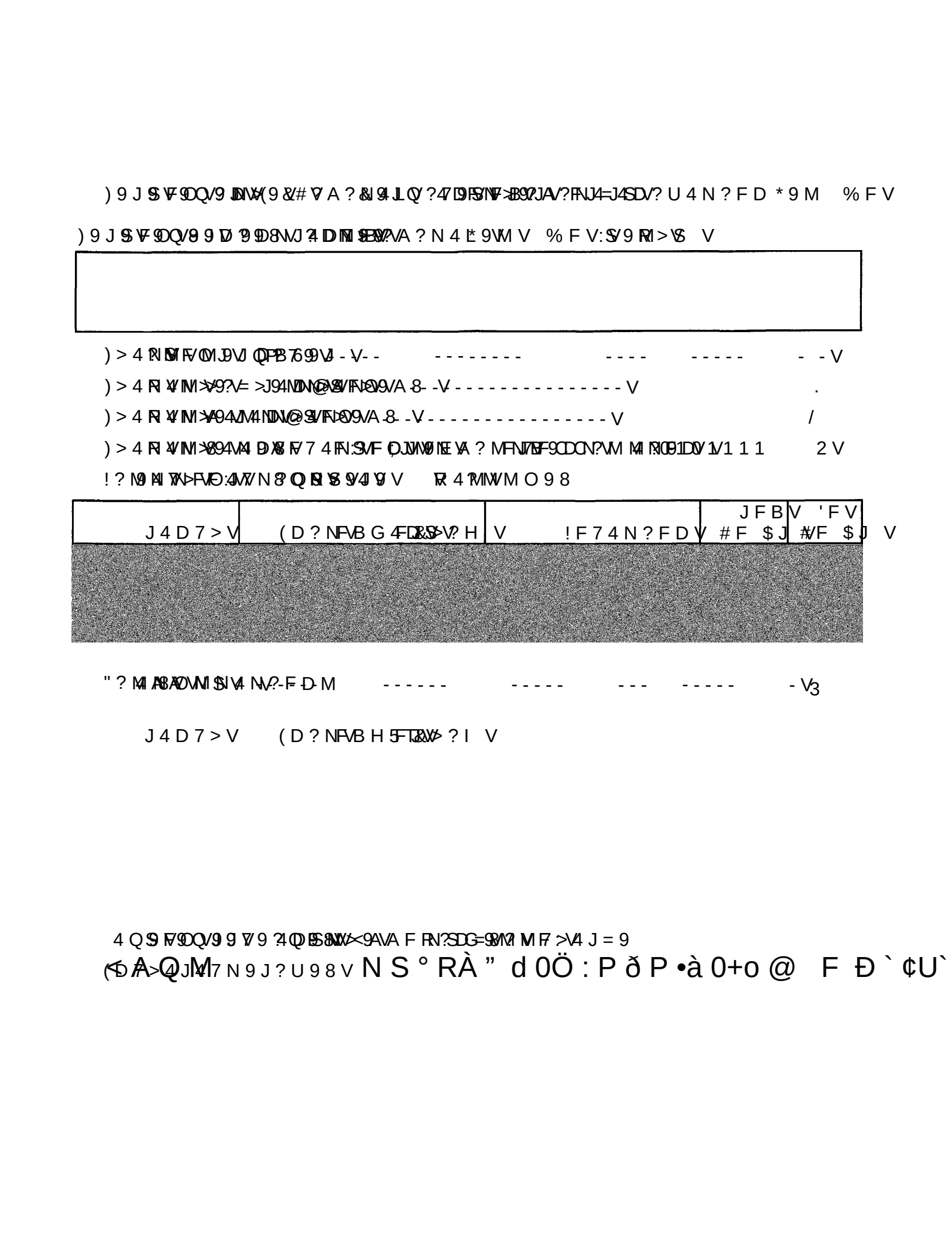

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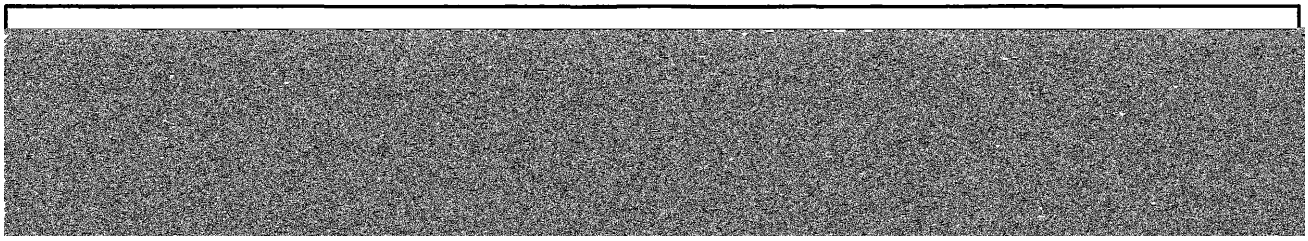

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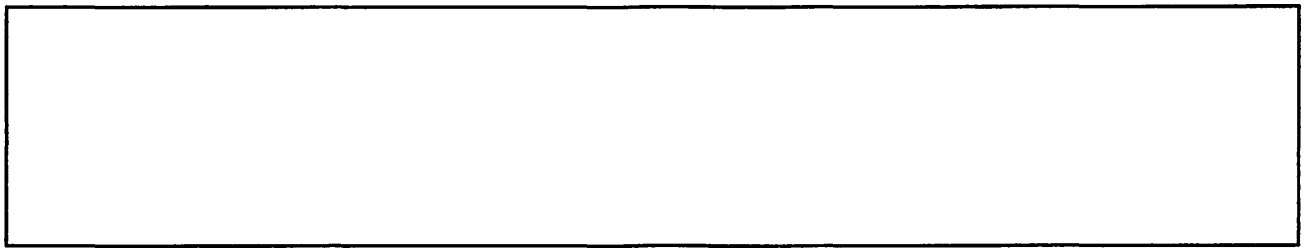

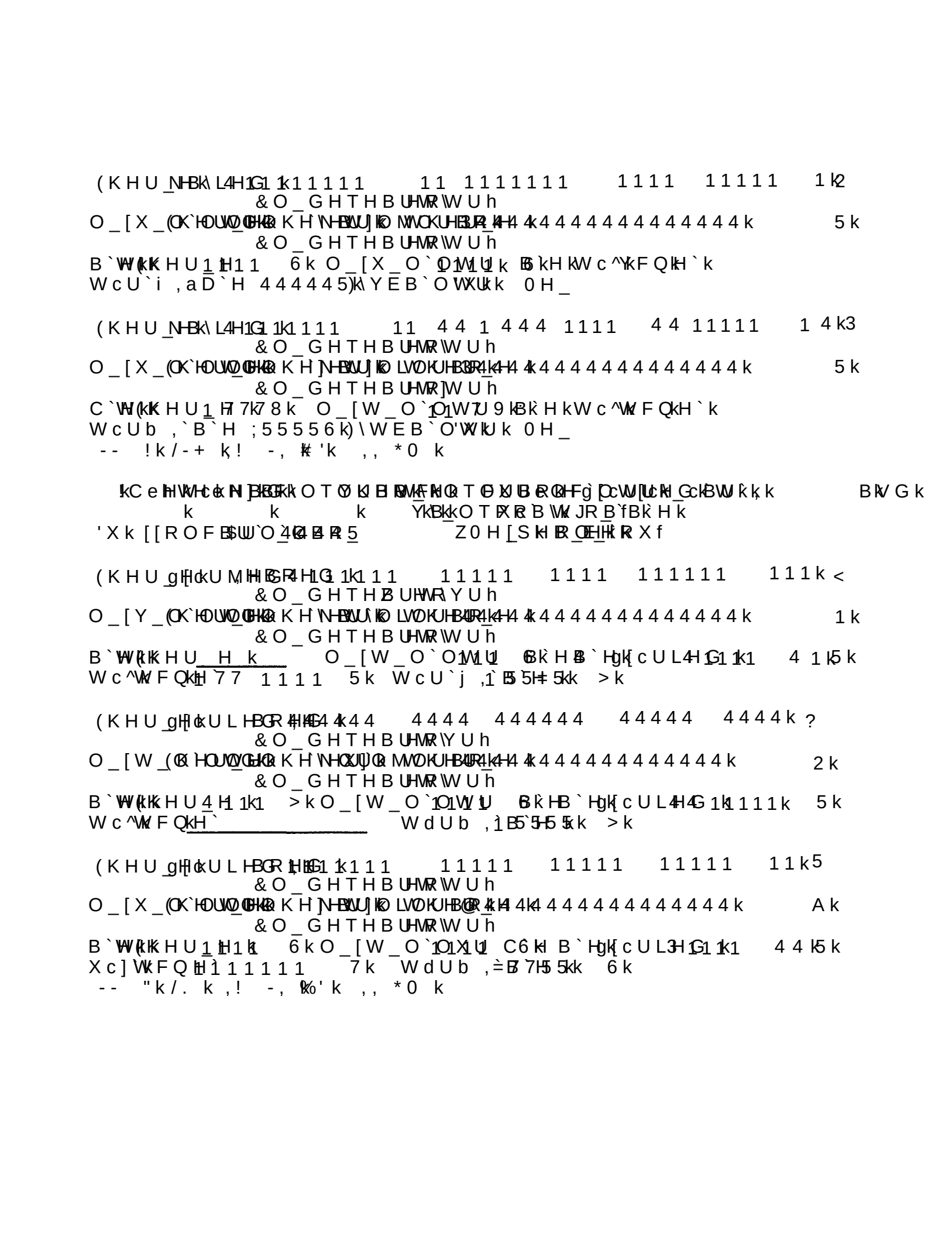

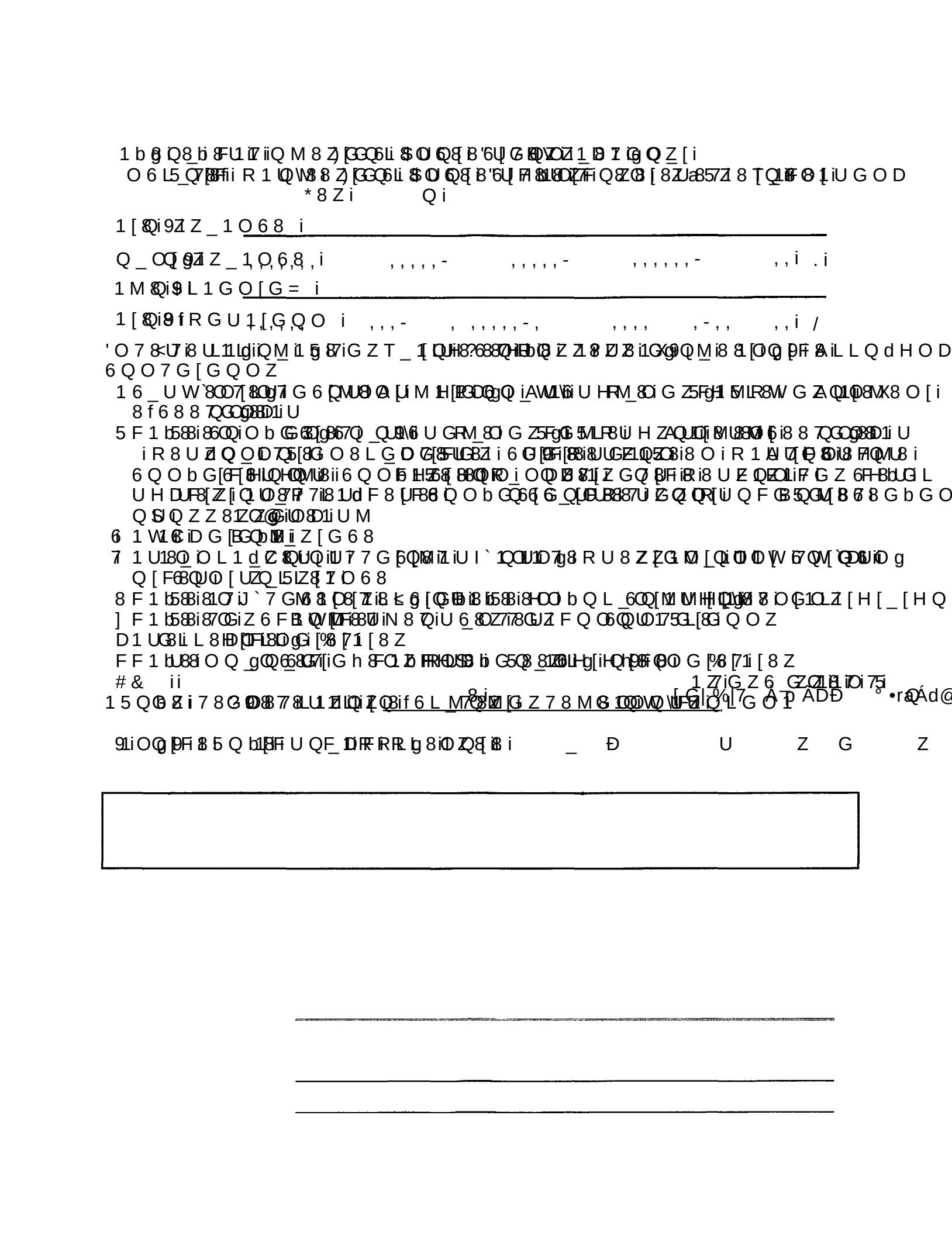

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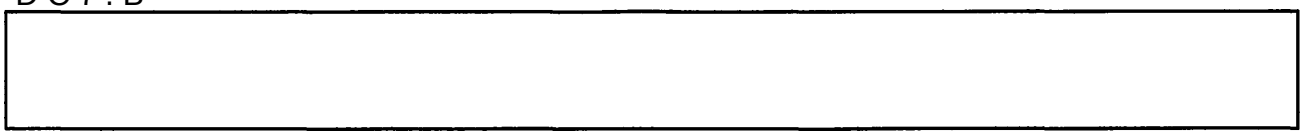

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Past Medical Histo r

List ALL hospitalizations and operations since childhood:

(Include type of surgery, date of surgery, any complications or other signi f cant in f rmation)

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Have you EVER in your life, had any of the f llowing t pes of medical problems? (check all that apply to you]

☐ 1. CANCER: any t pe of cancer including skin cancer, breast cancer, and leukemia?

☐ 2. MAJOR I FECTIOUS DISEASE: such a tuberculosis, hepatitis, HIV/AIDS, rheumatic fever and others?

☐ 3. NEUROLOGICAL PROBLEMS: such as seizure disorder, stroke, concussion, severe headache, skull f acture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Hunting on's chorea, peripheral neuropathy and others?

☐ 4. PSYCHOLOGICAL PROBLEMS: such as depression, manic episodes, psychotic episodes, post traumatic stress disorder and others?

☐ 5. EYE PROBLEMS: such as eye inju r , color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, ve r poor vision when not corrected and others?

☐ 6. EAR PROBLEMS: such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear in f ction, Meniere's disease, moderate to severe hearing loss in one or both ears and others?

☐ 7. PROBLEMS:

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Males Only:

Female Only:

Immunizations

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Occupational History

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**Vision**

& , = ,JK: F) K@:IKF E C E2 +1 $IK I2 9 9( , :K E 1.,:K5 5 : H;2( 9+ /EKCIK1 HK = 5 + ', D : K
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( G ,JK: F, KG , =:K9 ,:K9 , K E 1.,:K5 5 : H I2 C1 /,*+K( **4:K ( 2 92, 9K3 , *2E5, 5 5 K9/ (=5FK C
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( C(K1 , ( 5 E 1 +H(:=,4K2,9+K2 = ;**: E E (H+ I2 E(1E+K2 , 9 E C

( G ,JK: F, KG , }=,K,9 ,K1 ; : C , E+ K(K9 J : 9H,K2 I2 9 K, * E I2 FF) C,=K* F 5 : C 2 C ', C K: K

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$ 9 , I < 5 ( 2 9,G+, K= K 5 (6C =E ,EK9 1 /( K9KK, , 4 C ', C : K

2 / 1 E K C HC,(+E,(C,EK2 9(/EK K 5), ( G*,5C :K E(19 +CK1 , , E C K H , E ', C : K

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$ 9 2 9 E , 9 E+2, 2 9 9 (5 5EK+C ', C : K

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