

Personal Health Profile

Personal Health History

Please list any illnesses or health problems you have had (such as rheumatic fever, pneumonia) or any chronic (long-lasting) illness you have (such as diabetes, high blood pressure, cancer).

Date	Illness or Problem
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Hospital Stays

Please list any illnesses or surgeries that required you to stay in a hospital.

Date	Reason	Hospital
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<hr/>	<hr/>	<hr/>