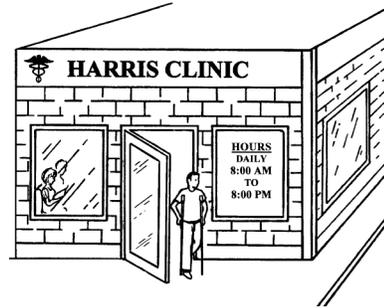


hospital



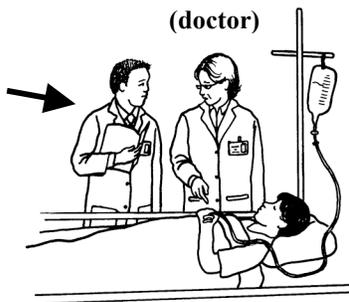
clinic



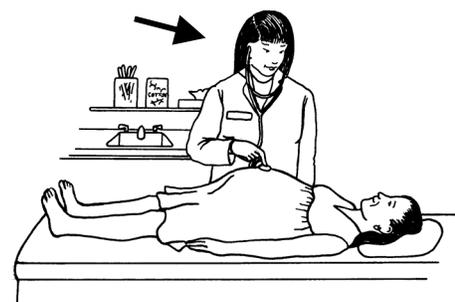
doctor/physician



examine you



physician assistant



nurse practitioner



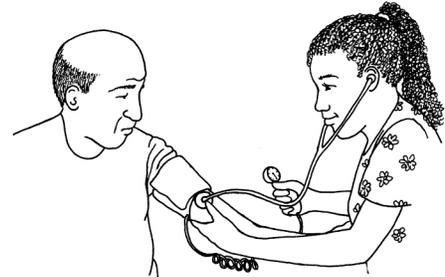
nurse



weight



pulse



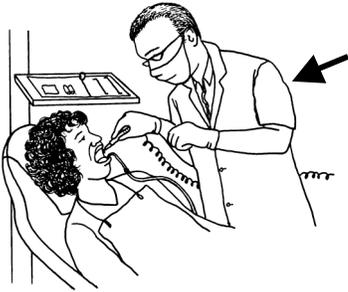
blood pressure



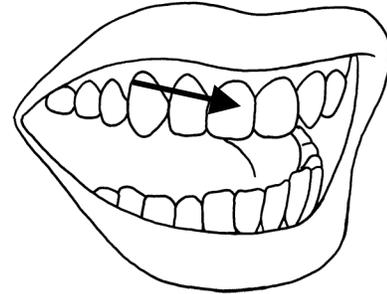
shot



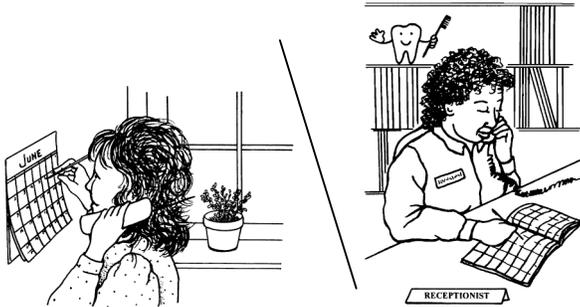
test



dentist



teeth



appointment



dental hygienist / dental assistant



preventive checkup



Family Medical History		
1. Date of last medical exam		
2. Have you ever been hospitalized for surgery or serious illness?		
	Yes	No
If yes,		
Date	Reason	Hospital
3. Are you taking any medications?		
	Yes	No

immunization