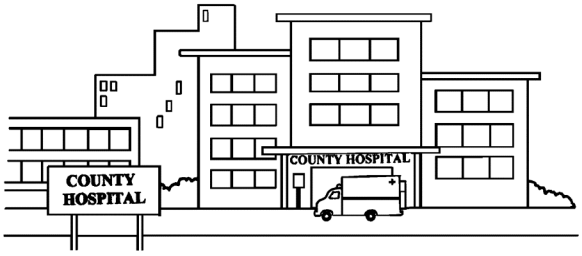
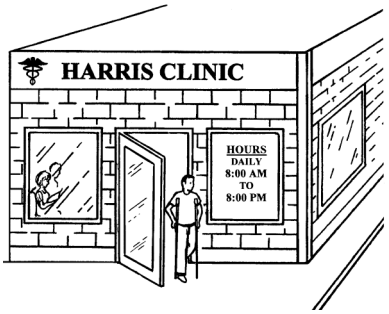
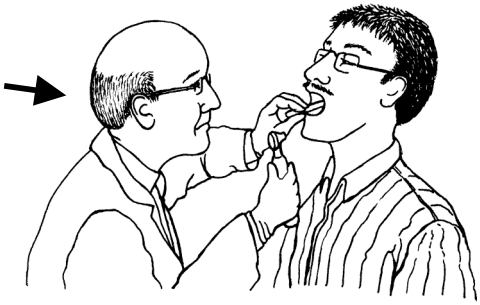
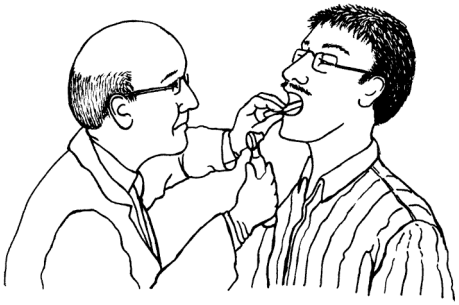
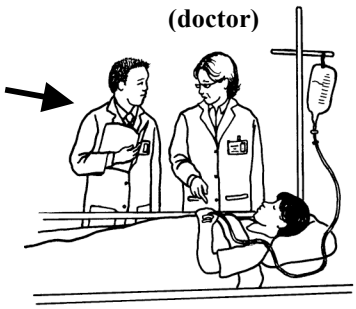

COUNTY HOSPITAL
COUNTY HOSPITAL

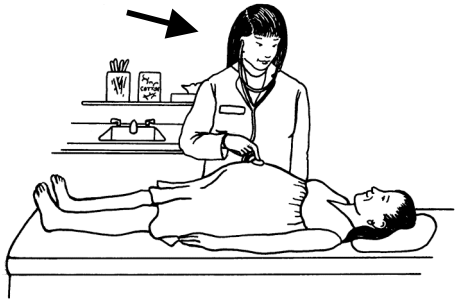

HARRIS CLINIC
HOURS
DAILY
8:00 AM
TO
8:00 PM

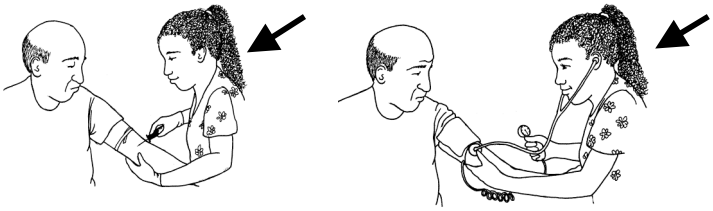


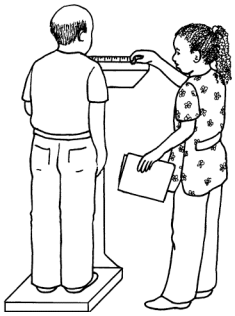


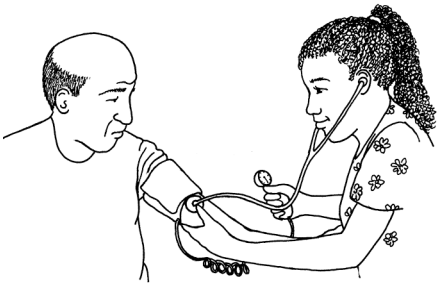
(doctor)

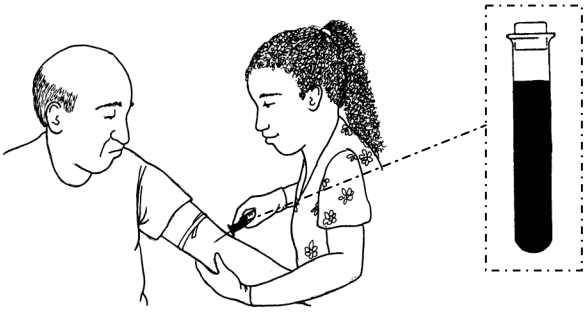


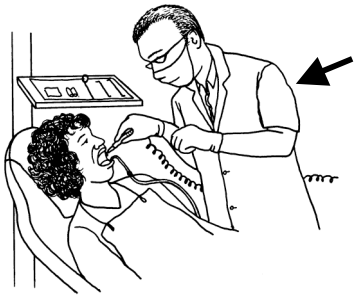


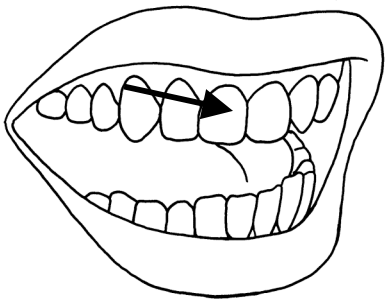






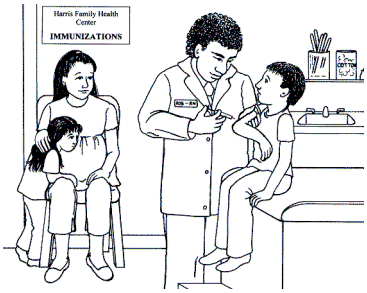


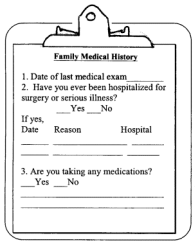





JUNE
RECEPTIONIST


See you in 6 months.


Harris Family Health Center
IMMUNIZATIONS


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