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| Allergies Yes    NoIf Yes, Date: Details: | Dizzy Spells Yes    NoIf Yes, Date: Details: | MRSA Yes    NoIf Yes, Date: Details: |
| Anemia Yes    NoIf Yes, Date: Details: | Emphysema/Bronchitis Yes    NoIf Yes, Date: Details: | Multiple Sclerosis Yes    NoIf Yes, Date: Details: |
| Anxiety Yes    NoIf Yes, Date: Details: | Fibromyalgia Yes    NoIf Yes, Date: Details: | Muscular Disease Yes    NoIf Yes, Date: Details: |
| Arthritis Yes    NoIf Yes, Date: Details: | Fractures Yes    NoIf Yes, Date: Details: | Osteoporosis Yes    NoIf Yes, Date: Details: |
| Asthma Yes    NoIf Yes, Date: Details: | Gallbladder Problems Yes    NoIf Yes, Date: Details: | Parkinson’s Yes    NoIf Yes, Date: Details: |
| Autoimmune Disorder Yes    NoIf Yes, Date: Details: | Headaches Yes    NoIf Yes, Date: Details: | Rheumatoid Arthritis Yes    NoIf Yes, Date: Details: |
| Cancer Yes    NoIf Yes, Date: Details: | Hearing Impairment Yes    NoIf Yes, Date: Details: | Seizures Yes    NoIf Yes, Date: Details: |
| Cardiac Conditions Yes    NoIf Yes, Date: Details: | Hepatitis Yes    NoIf Yes, Date: Details: | Smoking Yes    NoIf Yes, Date: Details: |
| Cardiac Pacemaker Yes    NoIf Yes, Date: Details: | High Cholesterol Yes    NoIf Yes, Date: Details: | Speech Problems Yes    NoIf Yes, Date: Details: |
| Chemical Dependency Yes    NoIf Yes, Date: Details: | High/Low Blood Pressure Yes    NoIf Yes, Date: Details: | Strokes Yes    NoIf Yes, Date: Details: |
| Circulation Problems Yes    NoIf Yes, Date: Details: | HIV/AIDS Yes    NoIf Yes, Date: Details: | Thyroid Disease Yes    NoIf Yes, Date: Details: |
| Currently Pregnant Yes    NoIf Yes, Date: Details: | Incontinence Yes    NoIf Yes, Date: Details: | Tuberculosis Yes    NoIf Yes, Date: Details: |
| Depression Yes    NoIf Yes, Date: Details: | Kidney Problems Yes    NoIf Yes, Date: Details: | Vision Problems Yes    NoIf Yes, Date: Details: |
| Diabetes Yes    NoIf Yes, Date: Details: | Metal Implants Yes    NoIf Yes, Date: Details: |  |