

# My General Health

I have:

Had an accident  
in the past



An ongoing illness  
which affects me



Had a serious  
illness in the past



Had to go to  
hospital



Heart problems



High blood  
pressure



Diabetes

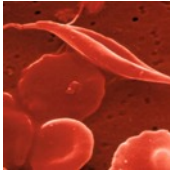


Cancer

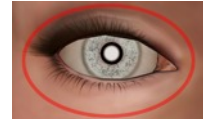


# My General Health

Sickle cell disorders



Glaucoma  
(A disease of the eyes)



**More Information on my general health and past operations:**

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