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MMUNIZATIONS Pate of last flu vaccine: AMILY MEDICAL HISTORY Other Type of Cancer (please specify): Cardiac Disease (Heart Attack Congestive COPD High B	Please indicate w Asthma Lung Cancer k / Stent / Bypass) e Heart Failure / Emphysema Diabetes Blood Pressure natoid Arthritis	Date of which famil Mother	last pneur y member	(s) have ha	d these illr Sister or Brother	Aunt or Uncle	parent	
MMUNIZATIONS ate of last flu vaccine: AMILY MEDICAL HISTORY Other Type of Cancer (please specify):_ Cardiac Disease (Heart Attack Congestive COPD	Please indicate w Asthma Lung Cancer k / Stent / Bypass) e Heart Failure / Emphysema Diabetes Blood Pressure	Date of which famil Mother	last pneur y member	(s) have ha	d these illr Sister or Brother	Aunt or Uncle	parent	
MMUNIZATIONS ate of last flu vaccine: AMILY MEDICAL HISTORY Other Type of Cancer (please specify): Cardiac Disease (Heart Attack Congestive COPD High B Rheum	Please indicate w Asthma Lung Cancer k / Stent / Bypass) e Heart Fail ure / Emphysema Diabetes Blood Press ure natoid Arthritis Lupus	Date of which famil Mother	last pneur y member	(s) have ha	d these illr Sister or Brother	Aunt or Uncle	parent	
MMUNIZATIONS ate of last flu vaccine: AMILY MEDICAL HISTORY Other Type of Cancer (please specify): Cardiac Di sea se (Heart Attack Congestive COPD High B Rheum Pulmonary Artery	Please indicate w Asthma Lung Cancer k / Stent / Bypass) e Heart Failure / Emphysema Diabetes Blood Pressure hatoid Arthritis Lupus Sleep Apnea nonary Fibrosis r Hypertension	Date of which famil Mother	last pneur y member	(s) have ha	d these illr Sister or Brother	Aunt or Uncle	parent	
MMUNIZATIONS Pate of last flu vaccine: AMILY MEDICAL HISTORY Other Type of Cancer (please specify): Cardiac Disease (Heart Attack Congestive COPD High B Rheum Pulmonary Artery	Please indicate w Asthma Lung Cancer k / Stent / Bypass) e Heart Failure / Emphysema Diabetes Blood Pressure natoid Arthritis Lupus Sleep Apnea nonary Fibrosis / Hypertension berculo sis (TB)	Date of which famil Mother	last pneur y member	(s) have ha	d these illr Sister or Brother	Aunt or Uncle	parent	
MMUNIZATIONS Pate of last flu vaccine: AMILY MEDICAL HISTORY Other Type of Cancer (please specify): Cardiac Disea se (Heart Attack Congestive COPD High B Rheum Pulm Pulmonary Artery Tu	Please indicate w Asthma Lung Cancer k / Stent / Bypass) e Heart Failure / Emphysema Diabetes Blood Pressure hatoid Arthritis Lupus Sleep Apnea nonary Fibrosis r Hypertension	Date of which famil Mother	last pneur y member	(s) have ha	d these illr Sister or Brother	Aunt or Uncle	parent	

SOCIAL HISTORY		homemaker 🔵	unemployed 🔵
Employment status:	retired 🔵	disabled 🔘	employed part time 🔘
	student 🔵	never employed 🔵	employed full time 🔵
Education:	high school / GED 🔵	some college 🔵	masters degree / 🔵
	trade school 🔵	college degree 🔵	professional degree
Marital status:	single 🔵	married 🔵	divorced 🔵
	living with significant other 🔵	separated 🔵	widowed 🔵
Have you ever been expose	d to any of the following for more than on	e month at a time?	
Agent Orange 🔵	brake mechanic 🔵	cotton mills 🔵	shipyard 🔵
asbestos 🔵	birds / chickens 🔵	mining 🔵	stored hay or grain 🔵
beryllium 🔵	tuberculosis 🔵	pipe fitting 🔵	welding 🔵
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