Name of the state		A CONTRACTOR OF THE CONTRACTOR		A Company	C. and the second	<u>Completed and State of the Control </u>	Marine 18	
Physician's Name			Date	e of last	visit			
Have you ever taken any of the names of phentermine), Pondin	group of drugs co min (fenfluramine) a	llectively referred to as "fe and Redux (dexfenflurami	en-phen?" These in ne).		ombination	s of Ionimin, Adipex,	Fastin (bra	nd
Place a mark on "yes" or "no" to	o indicate if you ha	ve had any of the followin	g:					
AIDS/HIV	☐ Yes ☐ No	Epilepsy	Name of the last o	□No	Respirate	ory Disease	□Yes	□No
Anemia	☐ Yes ☐ No	Fainting or dizziness	☐ Yes	☐ No	Rheumal	•	☐ Yes	☐ No
Arthritis, Rheumatism	☐ Yes ☐ No	Glaucoma	☐ Yes	☐ No	Scarlet F	ever	☐ Yes	☐ No
Artificial Heart Valves	☐ Yes ☐ No	Headaches	☐ Yes	☐ No	Shortnes	s of Breath	☐ Yes	☐ No
Artificial Joints	☐ Yes ☐ No	Heart Murmur	☐ Yes	☐ No	Sinus Tro	uble	☐ Yes	☐ No
Asthma Back Problems	☐ Yes ☐ No	Heart Problems	10000	☐ No	Skin Ras		☐ Yes	☐ No
Bleeding abnormally, with	☐ Yes ☐ No	Hepatitis Type	□Yes		Special D	Diet	☐ Yes	□ No
extractions or surgery	☐ Yes ☐ No	Herpes	25-127	□ No	Stroke Swollen Feet or Ankles		☐ Yes	□ No
Blood Disease	☐ Yes ☐ No	High Blood Pressure Jaundice		□ No	Swollen Feet of Ankles Swollen Neck Glands		☐ Yes	□ No
Cancer	☐ Yes ☐ No	Jaw Pain		☐ No	Thyroid Problems		☐ Yes ☐ Yes	□ No
Chemical Dependency	☐ Yes ☐ No	Kidney Disease		□No	Tonsillitis		☐ Yes	☐ No
Chemotherapy	☐ Yes ☐ No	Liver Disease	2	□No	Tuberculosis		☐ Yes	□ No
Circulatory Problems	☐ Yes ☐ No	Low Blood Pressure	100-000 100 100 100 100 100 100 100 100	□No	15 (5105) 50 (1) 50 (5107) 1500	growth on head	_ 103	
Congenital Heart Lesions	☐ Yes ☐ No	Mitral Valve Prolapse		☐ No	or neck		☐ Yes	☐ No
Cortisone Treatments	☐ Yes ☐ No	Nervous Problems	parameter 2	☐ No	Ulcer		☐ Yes	☐ No
Cough, persistent or bloody	Yes No	Pacemaker	☐ Yes	□No	Venereal Disease		☐ Yes	☐ No
Diabetes	☐ Yes ☐ No	Psychiatric Care	☐ Yes	☐ No	Weight L	oss, unexplained	☐ Yes	☐ No
Emphysema	☐ Yes ☐ No	Radiation Treatment	☐ Yes	□No				
Do you wear contact lenses?	☐ Yes ☐ N	lo						
Women:								
Are you pregnant?	☐ Yes ☐ N	lo Due date	and the second s			Are you nursing	? 🗌 Yes	☐ No
Taking birth control pills?	☐ Yes ☐ N	lo						
							1412	
MEDI	ICATION	S			ALL	ERGIES		
ist any medications you are currently taking and the correlating			☐ Aspirin			☐ Local Anestheti	<b>^</b>	
diagnosis:							C .	
RATE			☐ Barbiturates	(Sleepii	ng pills)	Penicillin	C	
			☐ Barbiturates	(Sleepii	ng pills)	☐ Penicillin	<b>u</b>	
			☐ Barbiturates ☐ Codeine	(Sleepii	ng pills)	☐ Penicillin ☐ Sulfa	u	
			080000	(Sleepii	ng pills)	1 <del>3 de</del> 20 de 20		-
			☐ Codeine	(Sleepii	ng pills)	Sulfa		
Pharmacy Name			☐ Codeine ☐ lodine ☐ Latex			Sulfa Other		
Pharmacy Name			☐ Codeine ☐ lodine ☐ Latex			Sulfa Other		
Pharmacy Name			☐ Codeine ☐ lodine ☐ Latex			Sulfa Other		25
Pharmacy NamePhone ()	o be filled in at fi	iture appointments)	☐ Codeine ☐ lodine ☐ Latex	<i>//</i> //////////////////////////////////		☐ Sulfa ☐ Other		25
Pharmacy NamePhone ()  UPDATES (T	To be filled in at fo our health since yo	uture appointments) our last dental appointmer	☐ Codeine ☐ lodine ☐ Latex	0		☐ Sulfa ☐ Other		25
Pharmacy NamePhone ()  UPDATES (The state of the state of t	To be filled in at fo our health since yo	iture appointments) our last dental appointmen	☐ Codeine ☐ lodine ☐ Latex  at? ☐ Yes ☐ No	0		□ Sulfa □ Other		
Pharmacy NamePhone ()  UPDATES (The state of the state of t	To be filled in at fo our health since yo ions?	uture appointments) our last dental appointmen	☐ Codeine ☐ lodine ☐ Latex  nt? ☐ Yes ☐ No	0		☐ Sulfa ☐ Other		
Pharmacy NamePhone ()	To be filled in at foo our health since yo lons?	iture appointments) our last dental appointmen	Codeine lodine Latex	0	Date	□ Sulfa □ Other		
Pharmacy NamePhone ()  UPDATES (The state of the state of t	To be filled in at foo our health since yo lons?	uture appointments) our last dental appointmer	☐ Codeine ☐ lodine ☐ Latex	0	Date	□ Sulfa □ Other		
Pharmacy NamePhone ()  UPDATES (The state of the state of t	To be filled in at foour health since you	uture appointments)  our last dental appointment  If so, what?  ur last dental appointmen	Codeine lodine Latex  Yes No	0	Date	□ Sulfa □ Other		
Pharmacy NamePhone ()	o be filled in at fi our health since yo ions?	uture appointments) our last dental appointmer	Codeine lodine Latex	0	Date	□ Sulfa □ Other		
Pharmacy NamePhone ()	To be filled in at foo our health since yo ions? our health since yo ons?	uture appointments)  our last dental appointmen  If so, what?  ur last dental appointmen	Codeine lodine Latex	0	Date	□ Sulfa □ Other		