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| Duration | year | Age | Description of Health Issue |
|  |  | Birth |  |
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The following section is required to list your medical history, sicknesses, rough times, and hospitalization. I am interested in every medication taken in your life especially antibiotics, cortisone and oral contraceptive pill. You should list the starting year of diseases and the year of their cure such as tonsillitis, ears infections, lung diseases, throat problems, skin issues etc. Also list the year of admission to a hospital for whatever reason. Please include all information from birth up to the present time, chronologically. You may use additional sheets if necessary. Some important notes to consider are: 1. Breast fed 2. Time of food introduction in infancy. 3. Smoking and 4. Drugs of any kind.

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