

Ongoing Medical Problems –CHECK WHAT THAT APPLIES      Describe your problem

Lungs, Breathing	Yes__ _	No__ _	_____
Heart Problems	Yes__ _	No__ _	_____
Do you wear contact/glasses? when was last exam?	Yes__ _ _____	No__ _	_____
Diabetes	Yes_____	No_____	_____
High blood Pressure	Yes_____	No_____	_____
Bleeding Problems	Yes_____	No_____	_____
Balance Problems (Dizziness)	Yes_____	No_____	_____
Arthritis	Yes_____	No_____	_____
Numbness/Tingling	Yes_____	No_____	_____
Anxiety/Depression	Yes_____	No_____	_____
AIDS/HIV	Yes_____	No_____	_____
Cancer	Yes_____	No_____	_____