



**Medical Record - EUROBRIDGE 2009**

**CONFIDENTIAL INFORMATION**

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Do you currently suffer from any illness?  Yes  No

If yes ,please give details: \_\_\_\_\_

Are you allergic to anything?  Yes  No

If yes please give details: \_\_\_\_\_

Do you require a special diet?  Yes  No

If yes please give details: (What products can you not eat?) \_\_\_\_\_

Have you suffered from any fractures or injuries?  Yes  No

If yes please give details: \_\_\_\_\_

Do you have any problems related to sleeping?:  Yes  No

(Incontinence, Sleepwalking etc.)

If yes please give details: \_\_\_\_\_

Blood Group: \_\_\_\_\_

Medical History (Operations, hospital visits etc.): \_\_\_\_\_

Do you suffer from fainting?  Yes  No

Do you have asthma  Yes  No

Do you suffer from regular hemorrhages?  Yes  No

Have you had the triple vaccine injection ?  Yes  No

(tetanus, diptheria, whooping cough)

Do you have any other illnesses or wish to add anything?