



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?