Nombre del alumno:

Erika Yatziri Castillo Figueroa

Nombre del profesor:

Lic. Jezabel Silvestre Montejo

Licenciatura:

Enfermería 3er Cuatrimestre

Materia:

Ingles III

Nombre del trabajo:

Ensayo del tema:

"ADMISSIONS PART 2"

Frontera Comalapa, Chiapas a 27 de junio del 2020

A. Your personal details

Title (Mr)

First name: Tony

Surname: Santos

Address: en Palms Avenue, 21.

Postcode: 1800

Sex at birth: ☐ Male M

Date of birth | 2 | 1 | 1 | 0 | 1 | 9 | 8 | 5 |

Membership number:

B. Additional member details

Please give details of additional members you wish to be covered.

	Title, surname, first name(s)	Relationship to you (partner, dependant)	Date of birth		Sex at birth
1	Claire Benson	Esposa	2 de febrero 1990	☐	☐ Female
2	Noah Santos Benson	hijo	21 de junio 2015	☐	☐ Male
				☐	☐
3	Peter	hijo	14 de octubre 2017	☐	☐ Male

Need to add someone else? Please give us their name(s) and the full details for this section and sections C and D on a separate sheet.

Your medical history

This section asks for health and medical details, past and present, about yourself and for each person named in section B. Please tick Yes or No to every question for each person.

For any of the medical conditions or symptoms listed in questions 1 to please indicate if:

- You or anyone to be covered on your membership has seen a GP or other health care professional with in the last two years

- You or anyone to be covered on your membership has been admitted to hospital, had an operation OR any investigations (for example scan, X-ray, blood test, biopsy) within the last seven years.

	Name: yatziri Main applicant		Name: Rosi Dependant member 2		Name: Mario Dependant member 3		Name: Eduardo Dependant member 4		Name Dependant member 5	
	Yes	No	yes	No	yes	No	yes	No	yes	No
1. Heart or cardiovascular disorders eg coronary artery disease, chest pains, circulation problems, varicose veins, high blood pressure, venous ulcers	☐	●	☐	●	☐	●	☐	●	☐	☐
2. Glandular disorders eg diabetes, thyroid, hormonal problems	☐	●	☐	●	☐	●	☐	●	☐	☐
3. Breathing or respiratory disorders eg asthma, bronchitis, shortness of breath, chest infections, colds, flu	☐	●	☐	●	☐	●	●	☐	☐	☐
4. Ears, nose, throat, or eye problems eg hayfever, tonsillitis, sinusitis, cataracts, eye infections, deafness, ear infections	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐