

## Crea tu mejor historia EMPRENDAMOS JUNTOS

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PROFESORA: JEZABEL IVONNE SILVESTRE MONTEJO

MATERIA INGLES III

**GRADO: 3ER CUATRIMESTRE** 

MODALIDAD : SEMIESCOLARIZADO( SABADOS)

FECHA: 03/08/2020

LUGAR: FRONTERA COMALAPA CHIAPAS

## **Medical history form**

A	. Your perso	nal details	5										
Ple	ease complete the following	ng details for yourself	as the ma	ain appli	cant/n	nember							
Tit	tle (Mr, Mrs, Miss, Ms, ot		Miss										
Fi	rst name(s) (please inclu	ıde all forenames in f	ull)	Claire	<del>)</del>								
Sı	ırname			Benson	n								
Ac	ddress		264 US	Nepoi A.	nset V	'alley F	Pkwy,	Hyde	Park,	, Mass	sachu	setts,	
				Pos	tcode	264	ļ						
_	ex at birth X Male embership number	Female 120098544722		Date	e of bir	th	2	1	1	0 1	9	5	5
В	. Additional	member d	etail	ls									
Ple	ease give details of addition	onal members you wis	h to be co	vered.									
			Relation	nship to	you	С	Date of	birth					
	Title, surname, fir	rst name(s)	(partner,	depend	lant)	Day	Mont	h Yea	ar	Se	ex at b	irth	
1	Martin Benson S	umary								Mal	e x	Fem	ale
2										Mal	е 🗌	Fem	ale
3										Mal	<u> </u>	Fema	ale
4										Mal		Fem	
sep	parate sheet.												
Th No	our medical issection asks for health and roto every question for each	medical details, past and person.		·		nd for ea	ach pers	on nam(	edinse	ection B.	Please	tickYes	or
	You or anyone to be covered		•			care nro	fession:	al with in	the la	ast two	vears	not	
0	You or anyone to be covere ray, blood test, biopsy) within	edon your membership ha		mitted to	hospital	-	operation		ny inves		s (forex		nt
1.	Heart or cardiovascular disc eg coronary artery disease problems, varicose veins, hig	, chest pains, circulation		Yes	No	ember 2 Yes	No	Yes	No	nember 4	No	Yes	No
2.	Glandular disorders eg diabetes, thyroid, hormo	•		*									
3.	Breathing or respiratory disc eg asthma, bronchitis, short colds, flu		ctions,										
4.	Ears, nose, throat, or eye pro sinusitis, cataracts, eye infec												