# Medical Form

BELO USA

Age: .....  Blood Type (if known): .....

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1- Are you currently suffering from any illness or recovering from any serious injuries?

☐ No ☐ Yes .....

2- Are you allergic to any medications or do you have any food allergies?

☐ No ☐ Yes .....

3- Have you been hospitalized or undergone any surgery in the last five years? If so, please explain.

☐ No ☐ Yes .....

4- Have you ever had a serious disease or illness?

☐ No ☐ Yes .....

5- Are there any diseases that run in your family (diabetes, asthma, etc)?

☐ No ☐ Yes .....

6- Have you had any symptoms related to anxiety in the past 6 months (uncontrollable breathing, heart racing, panic attack, etc.)?

☐ No ☐ Yes .....

7- Is there anything else regarding your own health that we should know about? Please list here.

☐ No ☐ Yes .....