

My General Health

I have:

Had an accident
in the past



An ongoing illness
which affects me



Had a serious
illness in the past



Had to go to
hospital



Heart problems



High blood
pressure



Diabetes

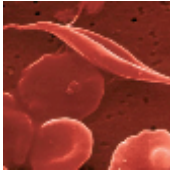


Cancer



My General Health

Sickle cell disorders



Glaucoma
(A disease of the eyes)



More Information on my general health and past operations:

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