



BSF NIGERIA

(CONTINUED)

Medication: (please circle one of the following)

I am NOT currently taking any medications/pills

I AM currently taking medication/pills

I am NOT currently taking any supplements

I AM currently taking supplements

List the medication, pills, supplements

N/A

N/A

Name of Primary Care Physician: _____

Address: _____

Phone number: _____

Name of Health Insurance Provider: _____

Name of Policy Holder: _____

Policy Number: _____

Effective Date: _____

Expiration Date: _____

Phone Number: _____





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CURRENT MEDICAL HISTORY SUMMARY

Condition?	Yes	No	Condition??	Yes2	No2
Bone, joint, or other deformity			Eye trouble		
Stomach, liver, or intestinal trouble			Severe tooth or gum trouble		
Ear, nose, or throat trouble			Loss of finger or toe		
Gallbladder trouble or gall stones			Jaundice or Hepatitis		
Chronic or frequent colds			Hearing loss		
Recurrent back pain			Broken Bones		
Rupture or Hernia			Hay Fever		
Sinusitis			Neuritis		
Tumor, growth, cyst, or cancer			Frequent or painful urination		
Head injury			Skin Disease		
Paralysis			Epilepsy		
Piles or rectal disease			Kidney stone or blood in urine		
Thyroid trouble			Tuberculosis		
Car, train sea or air sickness			Frequent trouble sleeping		
Asthma			Frequent Indigestion		
Depression or excessive worrying			Shortness of Breath		
Pain or pressure in chest			Loss of memory or amnesia		
High or low blood pressure			Venereal disease		
Scarlet fever			Palpitation or pounding heart		
Recent weight loss or gain			Rheumatic Fever		
Heart trouble			Leg cramps		
Swollen/painful joints			Chronic Cough		
Frequent/Severe headache			Adverse reaction to serum drug or medicine		
Dizziness or fainting spells			Arthritis, rheumatism, or bursitis		
Diabetes			Night sweats		

Explain "Yes" answers:

Blood type: _____

Date of most recent Tetnus Toxoid Vaccine: _____

Past surgical procedures (attach additional page if necessary):

1. _____

Date: _____

2. _____

Date: _____

3. _____

Date: _____

Allergies:

Reaction

