.5 (ch)0.5 0 Td (a)Tj -0292>>Bb0.01 T.6 (or4.7 (s)-11u.5 (par)00 Tw (r)Tj -0.TJ 0.c4 (of)-9.6 (sns)0 (f-9.6 (or0 Td ( )Tj EMC 42(s)-111.5 (ut)-9.6 (ed)14.7 (

FAMILY MEDICAL HISTORY: Has any member of your family under age 50 had these conditions?

Yes No Condition Whom Yes No Condition Whom Yes No Condition Whom

y ……………………Yes No

dH241 (ar)-19.2p(O)-19.2p(O)-19.9 0.5 37 0 Td [(m)-0.8 (ia)]TJ 0 Tc 0 Tw 1.612 0 Td ( )Tj 0.00 Tc -0.006 Tw 7.906 -0 0 8.04 349.44 600.24 Tm [(_)

……………………….Yes No

etic

………………………..Yes No

ewed

…………………………Yes No

Date Signed by Parent

Signature of Pare nt

Typed or Printed Name of Parent

Health Care Provider section on page 2

LHSAA MEDICAL HISTORY EVALUATION