MEDICAL PROCESSING QUESTIONS

Surname: Santana Escalante ..... First Name: Miguel .....

Marital Status: Single ☐ Married ☑ Divorce ☐ Others ☐

Height: 6'1" ..... Weight: 230 lbs .....

Current Address: Region92 Calle 28Pte. Manz.93 #7 Fracc.Hop-Na C.P.77516 Cancun Q.Roo Mexico .....

E-Mail: mikedrumsantana@gmail.com ..... Telephone: +52 9981267453 ..... Fax: .....

Date of Birth: 09/15/1957 ..... Age: 66 ..... Sex: Male ☑ Female ☐

Have you ever suffered from/or still from any following

1.	Psychiatric Illness/Mental Disorder	Yes ☐ No ☑	13.	HIV or Aids	Yes ☐ No ☑
2.	Tuberculosis	Yes ☐ No ☑	14.	Hepatitis B/C/D	Yes ☐ No ☑
3.	Blood Coughing	Yes ☐ No ☑	15.	Multiple Sclerosis	Yes ☐ No ☑
4.	Asthma	Yes ☐ No ☑	16.	Fainting or Migraine	Yes ☐ No ☑
5.	Appendicitis	Yes ☐ No ☑	17.	Sciatica	Yes ☐ No ☑
6.	Diabetes on Insulin Tablets	Yes ☐ No ☑	18.	Venereal Disease	Yes ☐ No ☑
7.	Cramp	Yes ☐ No ☑	19.	Pneumonia or Pleurisy	Yes ☐ No ☑
8.	Infection of Kidney	Yes ☐ No ☑	20.	Blood Pressure High/Low	Yes ☐ No ☑
9.	Epilepsy or Fits	Yes ☐ No ☑	21.	Slipped Disc or Back Pressure	Yes ☐ No ☑
10.	Rheumatic Fever – Rheumatism	Yes ☐ No ☑	22.	Granular Swelling	Yes ☐ No ☑
11.	Stomach or Bowel Complaint	Yes ☐ No ☑	23.	Heart Condition/Angina	Yes ☐ No ☑
12.	Problems with use of any Limbs	Yes ☐ No ☑	24.	Other.	Yes ☐ No ☑

If you have been tested HIV or AIDS, where are the result of your test? NEGATIVE

If you have been tested for Hepatitis B, C or D, where are the results of your test? Send us the scan copy.

Have you ever had any specialist or Hospital Investigation X-ray or E.C.G? Yes [No]

Is any such investigation pending? If so please specify: No

Have you suffered an injury? If so please specify: No

Have you had any Specialist advice in few years ago: No

Have you had any time off through illness/injury in the past few years: Yes [No]

Do you feel in good health? [Yes] No

Do you some? Yes [No] if yes, how long do you smoke: _____

Are you on a Special Diet? If yes, state Dietary requirements: _____

Are there is any food you must avoid: Yes [No] If yes, mention them: _____