

12. Were you in the military?

yes no

If yes, what did you do in the military? _____

Family Health History

1. In the FAMILY MEMBER column, across from the disease name, write which family member, if any, had the disease.

| Disease | Family Member |
|------------------------------|---------------|
| Cancer | |
| Lymphoma | |
| Sickle Cell Disease or Trait | |
| Immune Disease | |
| Leukemia | |
| Anemia | |

2. Please fill in the following information about family health:

| RELATIVE | ALIVE? | AGE AT DEATH? | CAUSE OF DEATH? |
|----------------|--------|---------------|-----------------|
| Father | | | |
| Mother | | | |
| Brother/Sister | | | |
| Brother/Sister | | | |
| Brother/Sister | | | |