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MEDICAL HISTORY

Parents:					
Parent #1		Parent #2			
Blood Type -		Blood Type -			
CHILD NAME					
BIRTH DATE					
SOCIAL SECURITY #					
BLOOD TYPE					
ALLERGIES ?					
Illnesses:					
Date	**Description**	**Rx**		**Comment**	
2/1/10	Right Ear Infection	Amoxicillin	RIGHT	Switched to Augmentin Day 5	*-- > Sample line only*
				.	