



SPAZIOSAFARI LIMITED

Address P.O. Box 15186 - Arusha, Tanzania

Phone: Tanzanian number +255 767 819029 | Italian number +39 338 204 00 31

Email info@spaziosafari.com | **Website** www.spaziosafari.com

TIN Number 134-239-921

MEDICAL QUESTIONNAIRE

Name _____ Surname _____
born in ____/____/_____

Weight _____ kg height _____ cm _____ years old

Medical antecedents

Have you suffered or are suffering from hypertension? of angina of chest? NO YES

Did you have a heart attack? If so when?____/____/_____ NO YES

Have you had any heart rhythm disorders? Do you have a pacemaker? NO YES

Have you had any phlebitis? NO YES

Did you suffer or suffer from asthma? of chronic bronchitis? emphysema? of pulmonary embolism? NO YES

Have you (had) a stomach / duodenum ulcer? Have you (had) an esophagitis? NO YES

Have you (had) a hiatal hernia? NO YES

Have you (had) reflux (burning)? NO YES

Did you have hepatitis (jaundice)? If so, which one? NO YES

Did you suffer or suffer: from diabetes? thyroid? NO YES

migraine? NO YES

epilepsy? NO YES

Parkinson's disease? NO YES

Have you had a cerebral vascular accident or a head injury? Did you have any consequences? If so what? _____

Did you suffer or suffer from other illnesses? if yes, which ones?_ NO YES



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Drugs

Do you take any medications currently? NO YES

if you complete the scheme below

Name of the drug	Dosage	Morning	Afternoon	Evening

For women

take a contraceptive pill? NO YES

are you pregnant? NO YES

DATE

___/___/___

SIGNATURE

THANKS FOR YOUR COLLABORATION!