

Original Date:	11/2/2020
Dates Revised:	

HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential unless needed as evidence in Sunbeams Court and will become part of your medical record.

Name <i>(Last, First, M.I.):</i> Firefighter, Stara.	Born?: At Some Point
Player status: <input type="checkbox"/> Lineup <input type="checkbox"/> Rotation <input type="checkbox"/> Shadows <input checked="" type="checkbox"/> Incinerated (x2) <input type="checkbox"/> Returned <input type="checkbox"/> Released <input checked="" type="checkbox"/> Fan	
Previous or referring doctor: Dr. Goku, Esq.	Date of last physical exam: 11/2/2019

PERSONAL HEALTH HISTORY

Peanut Status:	<input type="checkbox"/> Superyummy <input type="checkbox"/> Yummy <input checked="" type="checkbox"/> Allergic <input type="checkbox"/> Superallergic <input type="checkbox"/> Unknown	
Modifications:	<input type="checkbox"/> Alternate <input type="checkbox"/> Fire Eater <input type="checkbox"/> Friend of Crows <input type="checkbox"/> Siphon <input type="checkbox"/> Spicy <input type="checkbox"/> Heating Up... <input type="checkbox"/> Red Hot! <input type="checkbox"/> Squiddish <input type="checkbox"/> Honey Roasted <input type="checkbox"/> Shelled <input type="checkbox"/> Flickering <input type="checkbox"/> Fliickerrriing <input type="checkbox"/> Unstable <input type="checkbox"/> Reverberating <input type="checkbox"/> Repeating <input type="checkbox"/> Other: _____	
Stats:	Current Vibe: ↓↓ Far Less Than Ideal Batting: ★★★ Pitching: ★★	Item/Armor: Declan's Fireproof Jacket Defense: ★★ Baserunning: ★½

List any medical problems that other doctors have diagnosed
Incinerated (10/22/20)

Surgeries		
Year	Reason	Hospital
2018	Knee	The Hospital in Chicago, Where I Am From
2019	Other Knee	The Hospital in Chicago, Where I Am From
2020	Other Other Knee	The Hospital in Chicago, Where I Am From

Other hospitalizations		
Year	Reason	Hospital
2019	Smoke Inhalation	The Hospital in Chicago, Where I Am From
2020	Incinerated (x2)	The Hospital in Chicago, Where I Am From

Have you ever had blood?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what type: Grass		