	Any chest operation	S f		1.	Yes _	_	2. N	۰ —
	If yes, please	specify						
c.	Any chest injuries?			1.	Yes	_	2. N	۰
	If yes, please	specify						
27A.	Has a doctor ever t trouble?	old you tha	t you had he	eart 1.	Yes _		2. N	° _
В.	IF YES TO 27A: Have you ever had t in the past 10 year	reatment fo s?	r heart tro	1. 3.	Yes Does	Not	2. N Apply	° <u> </u>
28A.	Has a doctor ever t blood pressure?	old you tha	t you had h	igh 1.	Yes _		2. N	° —
	IF YES TO 28A:			_				
В.	Have you had any tr pressure (hypertens	eatment for ion) in the	past 10 year	1. ars? 3.	Yes Does	Not	2. N Apply	°
29.	When did you last h	ave your ch	est X-rayed	(Year)	25	26	27	28
30.	Where did you last	have your c	hest X-raye	i (if know	n)? _			
	What was the outcom	e?						
e a Met	LY HISTORY							
	LI RISIONI							
31.								
J	Were either of your chronic lung condit	ion such as	:	told by a				y had
	chronic lung condit	ion such as	: Ther		1	мотні	3R	
	chronic lung condit	ion such as	:	t 1. Yes	1	мотні	3. D	
	chronic lung condit	ion such as	: THER o 3. Don'	t 1. Yes	1	мотні	3. D	on't
Α.	chronic lung condit 1. Chronic	ion such as	: THER o 3. Don'	t 1. Yes	1	мотні	3. D	on't
A. B.	chronic lung condit 1. Chronic Bronchitis?	ion such as	: THER o 3. Don'	t 1. Yes	1	мотні	3. D	on't
А . В.	chronic lung condit 1. Chronic Bronchitis? Emphysema?	ion such as	: THER o 3. Don'	t 1. Yes	1	мотні	3. D	on't
А . В. С.	chronic lung condit 1. Chronic Bronchitis? Emphysema? Asthma?	ion such as	: THER o 3. Don'	t 1. Yes	1	мотні	3. D	on't
A. B. C. D.	chronic lung condit 1. Chronic Bronchitis? Emphysema? Asthma? Lung cancer? Other chest	ion such as FA Yes 2. N	: THER o 3. Don'	t 1. Yes	1	мотні	3. D	on't
A. B. C. D.	chronic lung condit 1. Chronic Bronchitis? Emphysema? Asthma? Lung cancer? Other chest conditions	ion such as FA Yes 2. N	: THER o 3. Don'	t 1. Yes	1	мотні	3. D	on't