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57	Y	No 1 Summary-129	e dans is an superdance i magazine e e e
* ***	4. Have you ever had a surgical operation? Yes	130-134	
	If "yes," please specify type of operation(s):	750-750	
		136	
10	5. Have you ever had an X-ray or fluoroscopic examin	ation of your stomach or abdomen?	Yes No
	6. Have you ever been treated with radium, X-rays, or	radioactive isotopes? Yes [No 🗌
	If "yes," what part of your body?	<u></u>	
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	PRESENT PHYSICAL COMPLAINTS: Please check	"yes" or "no" after each complaint	listed. If you check
•	"yes," please indicate the severity of the condition.		
-	Yes No 10. Blood in the Si	tool: Yes No 19. Headaches:	Yes No
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162-176,178 Blank for male:
HABITS:



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9	MISCELLANEOUS: 2261. What is your present occupation? 227 If retired, what was your previous occupation?		·
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