

# Hälsopass



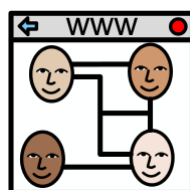
Namn:



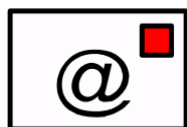
Födelsedatum:



Telefon:



Sociala medier:



Email:



Ytterligare  
kontaktuppgifter:

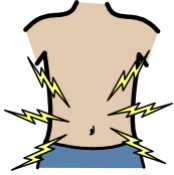


Ankom med:





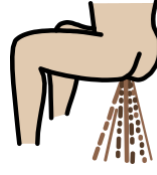
# Symtom



ont i magen



illamående



diarré



förstoppning



svårt att  
kissa



blödning



fotsår



domningar



hosta



förkyld



ont i halsen



feber



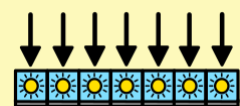
huvudvärk



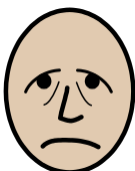
tandvärk



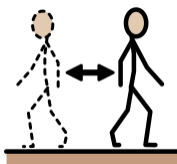
ont i örat



varje dag



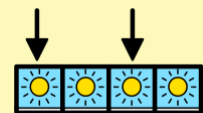
deprimerad



rastlös



kan inte  
sova



vissa dagar



1

2

3

4

5

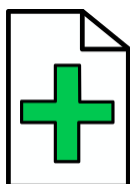
6

7

8

9

10



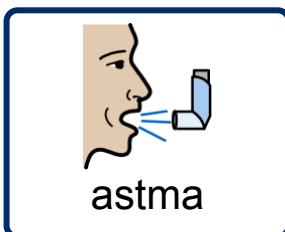
## Medicinsk historia



hjärtproblem



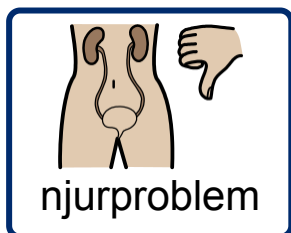
diabetes



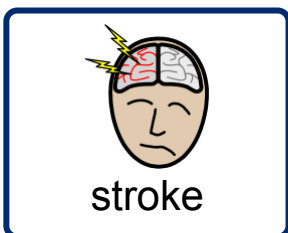
astma



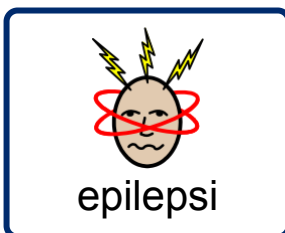
andningsproblem



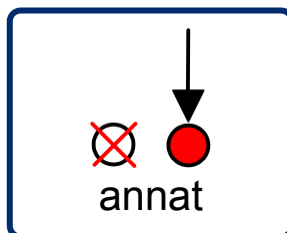
njurproblem



stroke



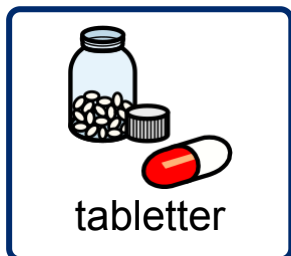
epilepsi



annat



## Mina mediciner



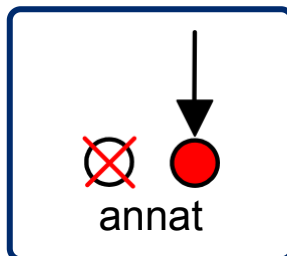
tabletter



insulin



inhalator



annat





## Mina allergier



medicin



insektsbett



pollen



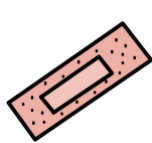
gluten



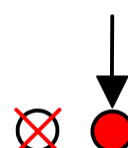
laktos



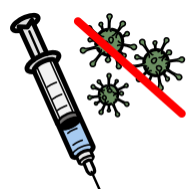
päls



plåster



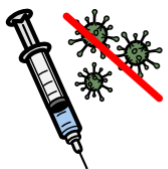
annat



## Vaccination för Covid



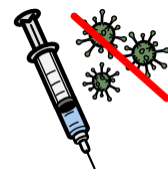
inte  
vaccinerad



1 dos



2 doser



3 doser

