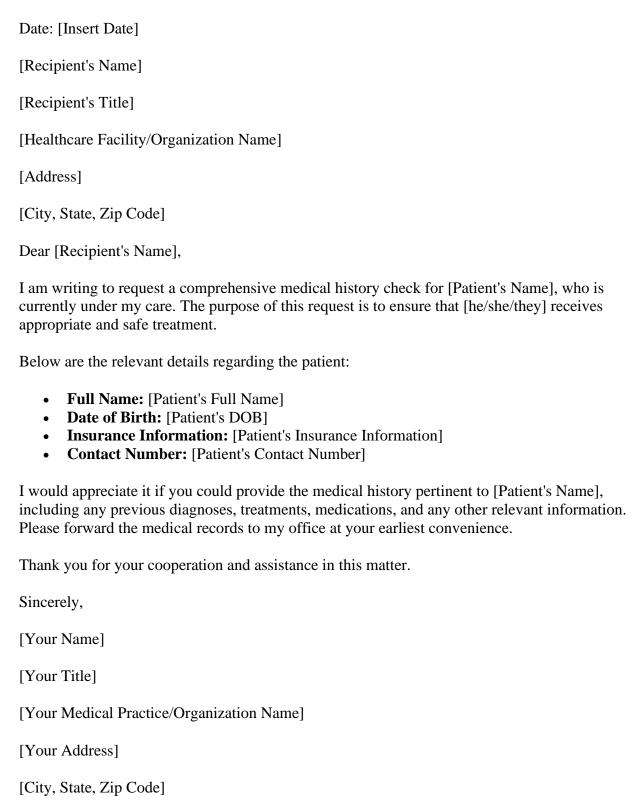
Medical History Check Request



[Your Contact Number]