47. Are there any diseases or medical problems that run in the family? Yes (No)
48. Do you smoke or drink? Yes (No)
49. Have you ever been hospitalized? Yes (No)
50. Are you taking any prescription medications or non-prescription drugs? (Yes) No

COMMENTS ON ANY OF THE QUESTIONS:

(Please indicate reason for any "YES" answers for #'s 2 – 51)

50: vitamins and minerals supplements.

BLOOD PRESSURE: (to be taken day of Workshop)_____

I have reviewed the Dr. Gerald Niznick College of Dentistry, infection prevention and control material and am prepared to implement the procedures outlined in the course content in a safe manner

NAME: Andreykie Sybrichak

SIGNATURE: [signature]

DATE: April 30, ~~2020~~ 2021