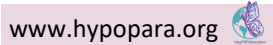


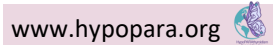
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Endocrinologist _____ Endo phone # _____
Medical Conditions _____ Medications _____

Emergency Contact _____ Contact # _____
Additional Recommendations from physician



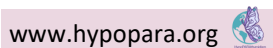
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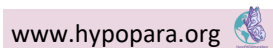
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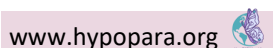
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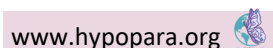
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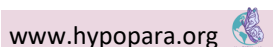
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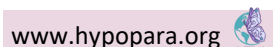
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