



4. Do you have any CURRENT SOMATIC?

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5. Have you RECENTLY had any SOMATIC?

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6. Do you have any RECURRING SOMATIC?

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7. Do you have any ACHES?

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8. Have you RECENTLY had any ACHES?

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9. Do you have any RECURRING ACHES?

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10. Do you have any PAINS?

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11. Have you RECENTLY had any PAINS?

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12. Do you have any RECURRING PAINS?

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13. Do you have any INJURED BODY PART?

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14. Do you have any PRESENT DISEASE?

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15. Do you have any RECURRING DISEASE?

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16. Do you have any PRESENT INFECTION?

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17. Do you have any RECURRING INFECTION?

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18. Do you have any PRESENT VENEREAL INFECTION?

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19. Do you have any RASH?

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20. Do you have any RECURRING RASH?

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21. Do you have any UNWANTED SENSATIONS?

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22.. Have you RECENTLY had any UNWANTED SENSATIONS?

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23. Do you have any CONTINUING UNWANTED SENSATIONS?

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24. Do you have any RECURRING UNWANTED SENSATIONS.

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25. Do you have any TEETH TROUBLES?

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26. Do you have any other PHYSICAL CONDITION YOU WANT TO MENTION?

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Are these all the complaints? (If question reads get the additional complaints. Mention such things as VD in case Pc is embarrassed to mention them.)

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Auditor notes down

- 1) What gave the BIGGEST READ? \_\_\_\_\_
- 2) In what did Pc have the most interest? \_\_\_\_\_

Tone Arm Position at end of form \_\_\_\_\_

Ens Tony Dunleavy  
CS-2

for

L. Ron Hubbard  
Founder

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