



- (c) Annotate with a mark (X) **only** if any of the following apply to this applicant:
- |                                       |  |                                       |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Epilepsy     |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Blood Disorder  | <input type="checkbox"/> Lung Disease |

**If any of the above were checked, please explain briefly.**

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