

E. Medicines

Please list any medications you take and why you take them. If prescribed, please provide the doctor's name.

NAME OF MEDICINE	WHY YOU TAKE IT	PRESCRIBED BY

F. Medical Tests

Please list any medical tests you had or are going to have in the future.

NAME OF TEST	PROVIDER WHO SENT YOU	DATE(S)

G. Job History

List the jobs (up to 5) that you have had in the last 15 years before you became unable to work because of your physical or mental conditions. List most recent job first.

JOB TITLE	TYPE OF BUSINESS	DATES WORKED		HOURS PER DAY	DAYS PER WEEK	RATE OF PAY	
		FROM	TO			AMOUNT	FREQUENCY