

<input type="checkbox"/>	Overwhelming Fatigue	<input type="checkbox"/>	Difficulty Breathing
<input type="checkbox"/>	Muscle and Joint Pain	<input type="checkbox"/>	Cold Intolerance
<input type="checkbox"/>	Muscle Weakness	<input type="checkbox"/>	Difficulty Swallowing
<input type="checkbox"/>	Sleep Disorders	<input type="checkbox"/>	Sensitivity to Anesthesia

I have these symptoms (checked):

Name: _____

I am a **Polio Survivor** with Post-Polio Sequelae

fold

fold

fold

ANESTHESIA WARNING!

I am a **Polio Survivor**

- **Easily Sedated**, and can be difficult to wake
- Can have difficulty **breathing** and **swallowing** with anesthesia
- **Hypersensitive to pain and cold**

May need heated blanket and increased pain medication post-op

