## My Family’s Health Story

<table>
<thead>
<tr>
<th>Family (related by blood only)</th>
<th>Relative’s name</th>
<th>Relationship to you</th>
<th>Health condition</th>
<th>Age at diagnosis</th>
<th>Living? (yes or no)</th>
<th>Age at death</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Immediate</strong> (your brothers, sisters, your parents, your children)</td>
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<tr>
<td><strong>Mother’s</strong> (her father, her mother, her sisters, her brothers)</td>
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<td></td>
</tr>
<tr>
<td><strong>Father’s</strong> (his father, his mother, his sisters, his brothers)</td>
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</tr>
</tbody>
</table>