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| **SIMULATION IP – PROFIL DES ALLERGIES** | \**\*info du patient ici\** |

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| **Date** | **Allergies** | **Réaction** | **Initiales** |
|  | [ ]  **Aucune allergie** |  |  |
|  | **Latex :** [ ]  **oui** [ ]  **non** |  |  |
|  | **Allergies medicaments :** |  |  |
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|  | **Intolérances médicamenteuses :** |  |  |
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|  | **Allergies aliments :** |  |  |
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|  | **Intolérances alimentaires :** |  |  |
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|  | **Autres :** |  |  |
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| **Signature** | **Init.**  | **Signature** | **Init.**  | **Signature** | **Init.**  |
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