

USER

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FEMALE

MALE

**NOT
DEFINED
SEX**

**PERSON
ALLERGIC
TO
ANTIBIOTIC**

**PERSON
LIVING IN
A FOREIGN
COUNTRY
OR
TRAVELLING**

**PHYSICALLY
OR
MENTALLY
IMPAIRED
PERSON**

STUDENT

**PERSON
WITH
CHRONIC
DISEASE**

**PREGNANT
WOMAN**

**INFANT
AND YOUNG
KID**

FRIEND

**FAMILY
MEMBER**

**CARE
GIVER**

PARTNER

**SUPPORT
GROUP**

**SPECIFY
YOURS:**