

10.BOWEL DISORDERS	<input type="checkbox"/> <input type="checkbox"/>	22. TUBERCULOSIS	<input type="checkbox"/> <input type="checkbox"/>	
11.KIDNEY DISEASE	<input type="checkbox"/> <input type="checkbox"/>	23. STD <input type="checkbox"/> GONOR <input type="checkbox"/> <input type="checkbox"/> CHLAMYDIA <input type="checkbox"/>		
12.URINARY INCONTINENCE /INFECTIONS	<input type="checkbox"/> <input type="checkbox"/>	24. HIV <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HERPES <input type="checkbox"/> SYPHYLIS <input type="checkbox"/>		