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Tel: 089/310 20 61

# Allergietagebuch / Monat: _____

- = keine Beschwerden
+ = leichte Beschwerden
++ = mäßige Beschwerden
+++ = starke Beschwerden

Bemerkungen:
- z.B. Pollenflug in meiner Region (online)
- Besonderes an diesem Tag

| Datum | Nase | Augen | Asthma | Haut | | | | | Medikamente | Bemerkungen |
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