



Participant ID

Participant Letter Code

Visit

PHYSICAL EXAM

No abnormalities observed

1. Please check each body system and describe any abnormality

System	Not Done	Normal	Abnormal	Describe Abnormality
a. General appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Head and neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Musculoskeletal (including extremities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Skin and mucous membrane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Nervous system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	