

Site Number:
Date of Visit:
Person Completing Form:

Participant ID:
Participant Letters:

A. ANTHROPOMETRICS

1. Collect the following measurements:

a. Weight: kg ☐ not done
b. Height: (Complete Annually) cm ☐ not done

B. VITAL SIGNS

1. Collect the following physical assessments:

Note: Have the participant rest for 5 minutes before doing these assessments.

a. Seated arm blood pressure: mmHg (Systolic) / mmHg (Diastolic) ☐ not done
b. Temperature: °C ☐ not done
c. Heart rate: bpm ☐ not done
d. Respiratory rate: bpm ☐ not done

C. TANNER STAGE

3. Indicate the participant's sexual development using the Tanner Scale :

Note: Complete Annually for participants 17 years of age or younger

Tanner Stage

(select one)

a. Breast (female) ☐ Stage 1 ☐ Stage 2 ☐ Stage 3 or greater
b. Genitalia (male) ☐ Stage 1 ☐ Stage 2 ☐ Stage 3 or greater
c. Pubic Hair (both) ☐ Stage 1 ☐ Stage 2 ☐ Stage 3 or greater

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D. PHYSICAL EXAM

1. Was a physical exam performed at this visit? ☐ Yes ☐ No

If YES, indicate what was examined and whether or not abnormalities were found.

	Findings	If ABNORMAL, explain:
a. HEENT	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	
b. Neck/Thyroid	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	
c. Heart	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	
d. Lungs	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	
e. Pulses	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	
f. Musculoskeletal	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	
g. Genitalia	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	
h. Abdomen	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	
i. Lymphatics	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	
j. Skin	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	
k. Neurologic	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	
l. Other	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	

Note, if any changes in health or physical exam abnormalities are Adverse Events and Grade 2 or greater, record on AE form. Record medications on Concomitant Medications form.