Site Number: Participant ID:
Date of Visit: Participant Letters:
Person Completing Form:

A. INTERIM MEDICAL HISTORY

1. Have there been any changes in the participant's health since the last visit? ○ Yes ○ No

If YES, indicate abnormalities reported by system. Complete interim physical exam form if indicated:

	Findings	If ABNORMAL, explain:
a. Psychiatric	○ Normal ○ Abnormal ○ Not Assessed	
b. Neurologic	○ Normal ○ Abnormal ○ Not Assessed	
c. Respiratory	○ Normal ○ Abnormal ○ Not Assessed	
d. Cardiovascular	○ Normal ○ Abnormal ○ Not Assessed	
e. Gastrointestinal	○ Normal ○ Abnormal ○ Not Assessed	
f. Musculoskeletal	○ Normal ○ Abnormal ○ Not Assessed	
g. Lymphatic	○ Normal ○ Abnormal ○ Not Assessed	
h. Endocrine	○ Normal ○ Abnormal ○ Not Assessed	
i. Genitourinary	○ Normal ○ Abnormal ○ Not Assessed	
j. Hematopoetic	○ Normal ○ Abnormal ○ Not Assessed	
k. Dermatologic	○ Normal ○ Abnormal ○ Not Assessed	
l. Constitutional Symptoms *(i.e. fever, weight change, fatigue)*	○ Normal ○ Abnormal ○ Not Assessed	
m. Other	○ Normal ○ Abnormal ○ Not Assessed	

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

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B. VACCINATION LOG

1. Since the last scheduled visit, has the participant had any vaccinations other than those administered as part of the study? ○ Yes ○ No

If YES,

Specify:	____________________	__ __/ __ __ __/ __ __ __ __ DAY MONTH YEAR
Specify:	____________________	__ __/ __ __ __/ __ __ __ __ DAY MONTH YEAR
Specify:	____________________	__ __/ __ __ __/ __ __ __ __ DAY MONTH YEAR
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