

Relevant Medical History/Current Medical Conditions

- Please list all relevant medical history and current medical conditions not related to the study indication, until the start of the study drug.
- Where possible please give the diagnosis, not the symptom.

History/Condition (use precise medical terminology)	Date of Diagnosis/Surgery (partial if necessary)	Active Problem at Start of Study Drug
21. _____	____ ____ ____ Month Day Year	_____
22. _____	____ ____ ____ Month Day Year	_____
23. _____	____ ____ ____ Month Day Year	_____
24. _____	____ ____ ____ Month Day Year	_____
25. _____	____ ____ ____ Month Day Year	_____
26. _____	____ ____ ____ Month Day Year	_____
27. _____	____ ____ ____ Month Day Year	_____
28. _____	____ ____ ____ Month Day Year	_____
29. _____	____ ____ ____ Month Day Year	_____
30. _____	____ ____ ____ Month Day Year	_____
31. _____	____ ____ ____ Month Day Year	_____
32. _____	____ ____ ____ Month Day Year	_____
33. _____	____ ____ ____ Month Day Year	_____
34. _____	____ ____ ____ Month Day Year	_____
35. _____	____ ____ ____ Month Day Year	_____
36. _____	____ ____ ____ Month Day Year	_____
37. _____	____ ____ ____ Month Day Year	_____
38. _____	____ ____ ____ Month Day Year	_____
39. _____	____ ____ ____ Month Day Year	_____
40. _____	____ ____ ____ Month Day Year	_____