Site Number:
Date of Visit:
Person Completing Form:

Participant ID:
Participant Letters:

A. REVIEW OF SYSTEMS

1. Have there been any changes in your health since the previous visit? ○ Yes ○ No ○ Unknown

If YES, record whether there are any abnormalities in the following systems review

	Findings	If ABNORMAL, explain:
a. HEENT	○ Normal ○ Abnormal ○ Not Assessed	
b. Pulmonary	○ Normal ○ Abnormal ○ Not Assessed	
c. Cardiovascular	○ Normal ○ Abnormal ○ Not Assessed	
d. Endocrine (other than T1D)	○ Normal ○ Abnormal ○ Not Assessed	
e. Gastrointestinal	○ Normal ○ Abnormal ○ Not Assessed	
f. Reproductive	○ Normal ○ Abnormal ○ Not Assessed	
g. Musculoskeletal	○ Normal ○ Abnormal ○ Not Assessed	
h. Neurological	○ Normal ○ Abnormal ○ Not Assessed	
i. Integument	○ Normal ○ Abnormal ○ Not Assessed	
j. Other	○ Normal ○ Abnormal ○ Not Assessed	

Site Number: Participant ID:
Date of Visit: Participant Letters:
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B. VACCINATION LOG

1. Since the last scheduled visit, have you 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