

O Yes O No O Yes O No

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

## A. PHYSICAL EXAM

1 Collect the following physical assessments:	1	Collect the	following	physical	assessments:	
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<b>Note</b> : Have the participant rest for 5 minutes before doing these asse	ssments.								
a.Weight:	_		kg	□ not done					
b.Height:			cm	□ not done					
c.Seated arm blood pressure:		Systol	mmHg / <sup>ic</sup> □ not do	Diastolic	]				
2. Prior to drug administration, collect the following physical assessments:									
a. Temperature:	_		°C	□ not done					
b. Heart rate:	_		bpm □ not done						
c. Respiratory rate:		·	_breaths/m	nin 🗆 not do	one				
3. Indicate the participant's sexual development using the Tanner Scale Tanner Stage	(for participants	s 17 y	ears of ag (select o		):				
a. Breast <b>(female)</b>	O Stage 1	0	Stage 2	O Stage 3	or greater				
b. Genitalia <b>(male)</b>	O Stage 1	0	Stage 2	O Stage 3	or greater				
c. Pubic Hair (both)	O Stage 1	0	Stage 2	O Stage 3	or greater				
<ol> <li>Were there any abnormalities on the physical exam? If YES, Specify:</li></ol>			O Yes	s O No O	Unknown				
5. Were there any abnormalities at the previous drug administration site? If YES, Specify:	?		0	YONC	D N/A				
B. NEUROLOGICAL ASSESSMENT									
1. Was a neurological assessment completed at this visit?			O Yes	s O No O	Unknown				
<ol> <li>Were there any clinically significant abnormalities? If YES, Specify:</li></ol>			O Yes	s O No O	Unknown				
C. PREGNANCY MONITORING									
1. If FEMALE, does the participant have reproductive or childbearing potential?				O Yes O	No				
If YES, continue (otherwise, proceed to Section C)									
a. Do you currently use a form of birth control? (Females of repl expected to use a form of birth control, or practice abstinence	O Yes O No								
b. Do you plan on becoming pregnant before the study end?				O Yes O No					

c. Are you currently taking birth control medication?

d. Was a urine pregnancy test completed at this visit? If YES,1) Was the test result positive?

 1) Was the test result positive?
 O Yes
 O No

 If the pregnancy test result was positive, complete a Pregnancy Confirmation Form. The Coordinating Center must be notified within 24 hours of clinic notification of an active pregnancy in a study participant.
 O Yes
 O No