

# Protocol # TN10 - Anti-CD3 Prevention

Participant ID:		Date of Registration:	
Local ID:		Letters:	
Status:			
Site:			

## Physical Exam

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\* These fields are required in order to SAVE the form

\* These fields are required in order to COMPLETE the form

**Date of Visit:** \*   ▼  [Date](#)

**Interviewer User ID:** \*

### A. ANTHROPOMETRICS

1. Collect the following measurements:

- a. Weight  kg  Not Done
- b. Height  cm  Not Done
- c. Abdominal Circumference  cm  Not Done

### B. VITAL SIGNS

1. Collect the following measurements:

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

- a. Seated arm blood pressure:  mmHg /  mmHg  Not Done
- b. Temperature:  °C  Not Done
- c. Heart rate:  bpm  Not Done
- d. Respiratory rate:  breaths/min  Not Done



Save

Print

Close Window

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**Interviewer User ID:** \*

#### C. TANNER STAGE

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

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

- 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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Physical Exam

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**Date of Visit:** \* [input] [dropdown] [input] [Date](#)

**Interviewer User ID:** \*

**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	[text area]
b. Neck/Thyroid	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	[text area]
c. Heart	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	[text area]
d. Lungs	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	[text area]
e. Pulses	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	[text area]
f. Musculoskeletal	<input type="radio"/> Normal	[text area]

Abnormal  
 Not Assessed

g. Genitalia

Normal  
 Abnormal  
 Not Assessed

h. Abdomen

Normal  
 Abnormal  
 Not Assessed

i. Lymphatics

Normal  
 Abnormal  
 Not Assessed

j. Skin

Normal  
 Abnormal  
 Not Assessed

k. Neurologic findings

Normal  
 Abnormal  
 Not Assessed

	<b>Findings</b>		<b>If abnormal, explain</b>
l. Other	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed		

Add



Save    Print    Close Window