

Site Number:  
Date of Visit:  
Person Completing Form:

Participant ID:  
Participant Letters:

**A. ANTHROPOMETRICS**

1. Collect the following measurements:

- a. Weight:  kg  not done
- b. Height: *(Complete Annually)*  cm  not done

**B. VITAL SIGNS**

1. Collect the following physical assessments:

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

- a. Seated arm blood pressure:  /   not done  
mmHg (Systolic)                      mmHg (Diastolic)
- b. Temperature:  °C  not done
- c. Heart rate:  bpm  not done
- d. Respiratory rate:  bpm  not done

**C. TANNER STAGE**

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

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

Tanner Stage

*(select one)*

- 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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**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	
b. Neck/Thyroid	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	
c. Heart	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	
d. Lungs	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	
e. Pulses	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	
f. Musculoskeletal	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	
g. Genitalia	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	
h. Abdomen	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	
i. Lymphatics	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	
j. Skin	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	
k. Neurologic	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	
l. Other	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	

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