Physical Exam

STUDY NAME

Site Number: _____

Pt_ID: _____

Visit Date: __ __ / __ __ __ / 2 0 __ __
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Visit Type (circle one):

Screening **Baseline** **Visit 1** **Visit 2** **Visit 3** **Visit 4** **Visit 5** **Completion Visit**

CATEGORY	NORMAL OR ABNORMAL	IF ABNORMAL, DESCRIBE BELOW	CHANGE FROM BASELINE
General Appearance	☐Normal ☐Abnormal ☐Not Examined		☐Yes ☐ No ☐ NA
HEENT	☐Normal ☐Abnormal ☐Not Examined		☐Yes ☐ No ☐ NA
Neck	☐Normal ☐Abnormal ☐Not Examined		☐Yes ☐ No ☐ NA
Chest and Lungs	☐Normal ☐Abnormal ☐Not Examined		☐Yes ☐ No ☐ NA
Cardiovascular	☐Normal ☐Abnormal ☐Not Examined		☐Yes ☐ No ☐ NA
Abdomen	☐Normal ☐Abnormal ☐Not Examined		☐Yes ☐ No ☐ NA
Genitourinary	☐Normal ☐Abnormal ☐Not Examined		☐Yes ☐ No ☐ NA
Rectal	☐Normal ☐Abnormal ☐Not Examined		☐Yes ☐ No ☐ NA

Physical Exam

Musculoskeletal	☐Normal ☐Abnormal ☐Not Examined		☐Yes ☐ No ☐ NA
Lymph Nodes	☐Normal ☐Abnormal ☐Not Examined		☐Yes ☐ No ☐ NA
Extremities/Skin	☐Normal ☐Abnormal ☐Not Examined		☐Yes ☐ No ☐ NA
Neurological	☐Normal ☐Abnormal ☐Not Examined		☐Yes ☐ No ☐ NA
Other:_____	☐Normal ☐Abnormal ☐Not Examined		☐Yes ☐ No ☐ NA

Note: For follow-up PE, if a body system category changes from "Normal" at baseline to "Abnormal" at follow-up due to a new disease/condition, or a preexisting disease/condition worsens from the baseline, an adverse event form should be completed to report the change.

PHYSICIAN SIGNATURE: _____ DATE SIGNED ___ ___ / ___ ___ ___ / 2 0 ___ ___

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