Screening Physical Exam and Vital Signs [V1]

01	Date of visit:	__ __ / __ __ / __ __ __ __ (dd/mm/yyyy)

Physical Exam

		Not evaluated	Normal	Abnormal	If applicable, specify abnormality *Document abnormal findings on Pre-existing conditions Log.*
02	General appearance:	☐	☐	☐	
03	Heart/Cardiac:	☐	☐	☐	
04	Lung/Respiratory:	☐	☐	☐	
05	Abdomen:	☐	☐	☐	
06	Other: (use notes section if needed)	☐	☐	☐	Specify other body system and associated abnormality:

Vital Signs

07	Blood pressure - Systolic:	_____
08	Blood pressure - Diastolic:	_____

09	Height: *(use up to 2 decimal places)*	_____ *(answer 09a)*

09a. Complete only if height value entered:

Height unit of measurement:	☐ cm ☐ in

10	Weight: *(use up to 2 decimal places)*	_____ *(answer 10a)*

10a. Complete only if weight value entered:

Weight unit of measurement:	☐ kg ☐ lb

11	Notes/Comments:

CRF Completed By: _____ (initials)

CRF Completion Date: __ __ / __ __ / __ __ __ __ (dd/mm/yyyy)