*STUDY ID HEADER:* PI Name, Protocol or IRB Number, and/or Protocol Short Title

**Subject Initials \_\_ \_\_ \_\_ Subject ID \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ Date: \_\_\_ \_\_\_** **/\_\_ \_\_ \_\_ / \_\_ \_\_**

Day Month Year

# Physical Examination

**Time: \_\_\_\_ \_\_\_\_ : \_\_\_\_ \_\_\_\_** (using 24 hour format)

(e.g. hh:mm)

□ *Physical Examination not performed*

**Visit Number** (check one)**:**

□ Visit #

□ Visit #□ Visit #

□ Visit #□ Visit #

□ Visit #

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Finding**(check one) | **Comments**(\*required if Abnormal) | **Clinically Significant** (Y/N) |
| General Appearance | □ Normal□ Abnormal\*□ Not examined |  |  |
| HEENT | □ Normal□ Abnormal\*□ Not examined |  |  |
| Neck | □ Normal□ Abnormal\*□ Not examined |  |  |
| Heart, Lungs, Thorax | □ Normal□ Abnormal\*□ Not examined |  |  |
| Abdomen | □ Normal□ Abnormal\*□ Not examined |  |  |
| Neurological System | □ Normal□ Abnormal\*□ Not examined |  |  |
| Extremities | □ Normal□ Abnormal\*□ Not examined |  |  |
| Skin | □ Normal□ Abnormal\*□ Not examined |  |  |
| *[insert body system to be examined]*  | □ Normal□ Abnormal\*□ Not examined |  |  |
| *[insert body system to be examined]*  | □ Normal□ Abnormal\*□ Not examined |  |  |
| *[insert body system to be examined]* | □ Normal□ Abnormal\*□ Not examined |  |  |
| Other specify in Comments) | □ Normal□ Abnormal\*□ Not examined |  |  |

*†Categories or systems required to be examined per protocol should be added*

Additional Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Examination performed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**