Physical Exam

STUDY NAME

Protocol Number:_____

Pt_ID:_____

Visit Date:

__ __ / __ __ __ / __ __ __ __
d d m m m y y y y

Visit Type: ☐ **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 (Head, Eye, Ear, Nose, Throat)	☐ 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

Category	Normal or Abnormal	If abnormal, describe below	Change from baseline
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, specify: _____	☐ Normal ☐ Abnormal ☐ Not Examined		☐ Yes ☐ No ☐ NA

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

Physician Signature: _____

Date signed: __ __ / __ __ __ / __ __ __ __
d d m m m y y y y