# Physical Exam

**STUDY NAME**

**Protocol Number:**

**Pt\_ID:**

**Visit Date:**

 / /    .

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 **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** | Checkbox. NormalCheckbox. AbnormalCheckbox. Not Examined |   | Checkbox. YesCheckbox. NoCheckbox. NA |
| **HEENT(Head, Eye, Ear, Nose, Throat)** | Checkbox. NormalCheckbox. AbnormalCheckbox. Not Examined |   | Checkbox. YesCheckbox. NoCheckbox. NA |
| **Neck** | Checkbox. NormalCheckbox. AbnormalCheckbox. Not Examined |   | Checkbox. YesCheckbox. NoCheckbox. NA |
| **Chest and Lungs** | Checkbox. NormalCheckbox. AbnormalCheckbox. Not Examined |   | Checkbox. YesCheckbox. NoCheckbox. NA |
| **Cardiovascular** | Checkbox. NormalCheckbox. AbnormalCheckbox. Not Examined |   | Checkbox. YesCheckbox. NoCheckbox. NA |
| **Abdomen** | Checkbox. NormalCheckbox. AbnormalCheckbox. Not Examined |   | Checkbox. YesCheckbox. NoCheckbox. NA |
| **Genitourinary** | Checkbox. NormalCheckbox. AbnormalCheckbox. Not Examined |   | Checkbox. YesCheckbox. NoCheckbox. NA |
| **Rectal** | Checkbox. NormalCheckbox. AbnormalCheckbox. Not Examined |   | Checkbox. YesCheckbox. NoCheckbox. NA |
| **Musculoskeletal** | Checkbox. NormalCheckbox. AbnormalCheckbox. Not Examined |   | Checkbox. YesCheckbox. NoCheckbox. NA |
| **Lymph Nodes** | Checkbox. NormalCheckbox. AbnormalCheckbox. Not Examined |   | Checkbox. YesCheckbox. NoCheckbox. NA |
| **Extremities/ Skin** | Checkbox. NormalCheckbox. AbnormalCheckbox. Not Examined |   | Checkbox. YesCheckbox. NoCheckbox. NA |
| **Neurological** | Checkbox. NormalCheckbox. AbnormalCheckbox. Not Examined |   | Checkbox. YesCheckbox. NoCheckbox. NA |
| **Other, specify: \_\_\_\_\_\_\_\_\_\_\_** | Checkbox. NormalCheckbox. AbnormalCheckbox. Not Examined |   | Checkbox. YesCheckbox. NoCheckbox. 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: / / .

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