

Investigational Title: _____

Principal Investigator: _____

Date: ____/____/____

Participant ID: _____

Ask about ENT, Ophthalmic, Respiratory, Cardiovascular, Gastrointestinal, Hepatic, Renal, Urogenital, Neurological, Endocrine, Musculoskeletal, Skin, Psychiatric, and Drug Allergies.

Description	Start Date of Diagnosis/Surgery (DD/MMM/YYYY)	Stop date of Diagnosis/Surgery (DD/MMM/YYYY)	Ongoing? (Check one)	
			Yes	No
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Initials of authorized research team: _____

Date: _____

Description	Start Date of Diagnosis/Surgery (DD/MMM/YYYY)	Stop date of Diagnosis/Surgery (DD/MMM/YYYY)	Ongoing? (Check one)	
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