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| Study title | |
| Participant ID | Protocol version number |
| Principal investigator | Study site |

**Visit Type < Insert Visit Type > Treatment Group < insert Treatment Group >**

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| **Name of examiner**  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_  Designation \_\_\_\_\_\_\_\_\_\_\_\_ | **Date & time of examination**  Date \_\_/\_\_/\_\_\_\_  dd/mm/yyyy  **Time \_\_. \_\_ 24 hours** |

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| **Before examination check** |
| Study related consent has been taken  Examiner is listed in the delegation of authority log  Examination is carried out in the examination room with patient privacy protected |

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| **Examination finding** | **Description of the finding** | **Body system code\*** | **Dates** | | | **Currently taking medicines**  **If yes**  ✓ |
| **Start date**  \_\_/\_\_/\_\_\_\_  dd/mm/yyyy | **End date**  \_\_/\_\_/\_\_\_\_  dd/mm/yyyy | **ongoing if yes**  ✓ |
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| **Body system code** | | | |
| 01 = General Appearance  02 = Gastrointestinal  03 = head and neck  04 = Neurological  05 =Ear nose throat | 06 = Eye  07 = Chest  08 = Respiratory  09= Cardiovascular | 10 = Abdominal  11 = upper limbs  12= Lower limbs  13 = Integumentary  14 = Genitourinary | 15 = Musculoskeletal  16 = Lymphatic  17 = Other |