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| **STUDY NAME** | | | |
| **IRB #:**  **Participant ID:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Visit Date:** | \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ / 2 0 \_\_\_ \_\_\_  d d m m m y y y y |
| **Visit Type (circle one):**  **Screening Baseline** | | | |

**Record all past and/or concomitant medical conditions or surgeries. Record only one condition or surgery per line using the codes provided in the table. When recording a condition and surgery related to that condition use one line for the condition and one line for the surgery.**

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| 01 Head, Eye, Ear, Nose, Throat  02 Respiratory  03 Cardiovascular  04 Gastrointestinal  05 Genitourinary | 06 Musculoskeletal  07 Neurological  08 Endocrine/Metabolic  09 Blood/Lymphatic  10 Dermatologic | 11 Psychiatric  12 Allergy  91 Other |

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| **Code** | **Condition/Disease**  **(one item per line)** | **Start Date**  **dd/mmm/yyyy** | **Current /**  **Resolved** |
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