



MTN-011 (135)

PX-1 (036)

Visit Code

1

Participant ID

-  -  - 0  
 Protocol PTID Chk Cohort

Physical Exam

Visit Date

*dd MMM yy*

VITAL SIGNS				
1. Weight	<input type="text"/> <input type="text"/> <input type="text"/> kg	OR	<input type="checkbox"/>	<i>not done</i>
2. Body Temp	<input type="text"/> <input type="text"/> . <input type="text"/> °C			
3. BP	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> mmHg			
4. Pulse	<input type="text"/> <input type="text"/> <input type="text"/> beats per minute			
5. Respirations	<input type="text"/> <input type="text"/> breaths per minute			
6. Height	<input type="text"/> <input type="text"/> <input type="text"/> cm	OR	<input type="checkbox"/>	<i>not done</i>
FINDINGS				
	<i>not done</i>	<i>normal</i>	<i>abnormal</i>	<i>Notes:</i>
7. General appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Lymph Nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Heart/ Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Lungs/ Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Ears, Nose, Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Record abnormal findings on Pre-existing Conditions form or Adverse Experience Log, as applicable.

<b>Physical Exam (PX-1)</b>	
<b>Purpose:</b>	This form is used to document the female participant's vital signs and physical exam findings during screening, enrollment, and follow-up.
<b>General Information/Instructions:</b>	If abnormal findings are found in items 7–18 transcribe information onto the Pre-existing Conditions form or Adverse Experience Log form, as applicable.
<b>Item-specific Instructions:</b>	
<b>Vital Signs:</b>	Use leading zeros when needed.
<b>Items 7–17:</b>	For each organ system or body part evaluated, indicate whether the findings were normal or abnormal. If abnormal, describe the findings on the Notes line. If not evaluated, mark the “not done” box.
<b>Item 18:</b>	If no other abnormal findings are identified, mark the “normal” box. If abnormal, specify the body system being referenced and describe the findings on the Notes line.