

Form: Medical History

Log Page #: _____

Participant Information

Height _____ Fixed Unit: cm

Weight _____ Fixed Unit: kg

Targeted Conditions

Does the participant have any of the following conditions?

If "Yes", record details in Medical History log below and/or on Concomitant Medications log, as applicable.

Hypertension Yes No

COPD/emphysema/asthma Yes No

Congestive heart failure Yes No

Myocarditis/pericarditis Yes No

Diabetes Yes No

If "Yes", does the participant have renal disease, eye disease or peripheral neuropathy? Yes No

Record any medication use, including insulin, on the Concomitant Medications log.

Chronic kidney disease Yes No

Immune system disorders Yes No

Record any immunosuppressant medications on the Concomitant Medication log.

Has the participant ever smoked cigarettes? Yes No

If "Yes", does the participant currently smoke cigarettes? Yes No

Has the participant ever smoked marijuana? Yes No

If "Yes", does the participant currently smoke marijuana? Yes No

Medical History

Description of condition/event _____

Start date of condition/event _____

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Is the condition ongoing? Yes

No

Is condition/event gradable? Yes

No

Severity grade Grade 1 (Mild)

Grade 2 (Moderate)

Grade 3 (Severe)

Grade 4 (Potentially
life-threatening)

Comments (max. 450 characters): _____