

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

Diabetes Yes No

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

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

Chronic kidney disease Yes No

If "Yes", does the participant require dialysis? Yes No

Autoimmune disease (e.g., rheumatoid arthritis, lupus) or immunodeficiency (e.g., low antibody levels, hypogammaglobulinemia) 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 _____

Participant ID: _____

CoVPN 5001

Visit Code: _____

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Comments (max. 450 characters): _____

This module contains Form "Medical History" (pages 15-16) from the full document "Prospective Study of Acute Immune Responses to SARS COV-2 Infection"