

PPMI

1	3	2
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GENERAL PHYSICAL EXAM

2	4
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SUBJECT ID

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VISIT NO

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INITIALS

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SITE NO

--	--	--

VISIT DATE

--	--

MM

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DD

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YYYY

ORGAN SYSTEM ABNORMALITIES BY EXAMINATION

Use the following Key for items 1-11:

0 = Normal, 1 = Abnormal (If abnormal, describe briefly), 2 = Not tested, 3 = Unable to test

1. Skin 1.

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2. Head/Neck/Lymphatic 2.

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3. Eyes 3.

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4. Ears/Nose/Throat 4.

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5. Lungs 5.

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GENERAL PHYSICAL EXAM

2	4
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SUBJECT ID

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VISIT NO

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ORGAN SYSTEM ABNORMALITIES BY EXAMINATION

Use the following Key for items 1-11:

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6. Cardiovascular (including peripheral vascular) 6.

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7. Abdomen 7.

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8. Musculoskeletal 8.

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9. Neurological 9.

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10. Psychiatric 10.

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11. Other (Specify location and describe.) 11.

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