

Site Number			Screening Number			Participant Study Number			Protocol Number: MoCk - Up-1-001-06
VISIT 1 (SCREENING)						MEDICAL HISTORY			

<b>Has the patient had any relevant medical history?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Complete below		
<b>Condition / illness /surgical procedure</b>	<b>Start date</b> (DD/MMM/YYYY)	<b>Stop date</b> (DD/MMM/YYYY)	<b>Or tick if ongoing at Screening Visit?</b>
	__/__/__	__/__/__	<input type="checkbox"/>
	__/__/__	__/__/__	<input type="checkbox"/>
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