

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

Were Vital Signs performed?		<input type="checkbox"/> No <input type="checkbox"/> Yes, Complete below	
Date of Vital Signs: ____ / ____ / ____ <small>(DD / MMM / YYYY)</small>			
Blood Pressure (supine) :		____ ____ / ____ ____ mmHg	
Blood Pressure (standing) :		____ ____ / ____ ____ mmHg	
Pulse:		____ ____ beats/min	
Weight:		____ ____ . ____ kg	
Height:		____ . ____ m	
Temperature: ____ ____ . ____ °C			