

Public reporting for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the information needed and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0414). Do not return the completed form to this address.

- Affix label here-

Clinical Center/ID: _ _ _ - _ _ _ - _

First Name _ _ _ _ _ M.I. _ _

Last Name _ _ _ _ _

1. Date of Exam: _ _ _ - _ _ _ - _ _ _ (M/D/Y)

2. Performed By: _ _ _ _ _

3. Contact Type:

☐ ₁ Phone☐ ₂ Mail☐ ₃ Visit☐ ₈ Other

4. Visit Type:

☐ ₁ Screening # _ _☐ ₂ Semi-Annual # _ _☐ ₃ Annual # _ _☐ ₄ Non-routine

5. Resting pulse in 30 sec.: _ _ _ x 2 = _ _ _ /min

6. Blood pressure: 6.1. _ _ _ / _ _ _ Systolic/Diastolic

6.2. _ _ _ / _ _ _ Systolic/Diastolic

Cuff used: _ S _ Reg _ L _ Th

Side: _ L _ R

Anthropometric Measures

7. Height: _ _ _ . _ cm

8. Weight: _ _ _ . _ kg BMI _ _ _

9. Waist circumference:
(to nearest 0.5 cm) _ _ _ . _ cm10. Hip circumference:
(to nearest 0.5 cm) _ _ _ . _ cm

K _ _ V _ _