Form MH - Medical History		
1 MH - Medical History		
1.1	Were any medical conditions or events reported?	○ [N] No ○ [Y] Yes	*MHYN*
1.2	Collection Date (DD-MMM-YYYY)		*MHDAT*
1.3	Medical History Term		*MHTERM*
1.4	Start Date (DD-MMM-YYYY)		*MHSTDAT*
1.5	Ongoing	○ [N] No ○ [Y] Yes	*MHONGO*
1.6	End Date (DD-MMM-YYYY)		*MHENDAT*