

DataFax #253

Plate #002

Visit #001

Patient Number 04001

Patient Initials PIN  
F M LEntry Date 070605  
day month year

## PATIENT ENTRY FORM

## Eligibility

Does the patient still meet the eligibility criteria? ☐ Yes☒ No → Explain the blood pressure is not controlled

## Randomization

Provided the patient meets all eligibility criteria, call the randomization hot line ((905) 999-8888) for this patient's random medication code number.

Medication Code #: 1111

Give the patient one bottle of study medication from the medication kit with this code number.

## Medical Examination

Date of Birth 010275  
day month year

Weight 120.0 kg or 264.6 lbs

Height 164 cm or 064.6 in

Pulse 080 beats/minute

Smoking Status ☒ Never smoked  
☐ Ex-smoker  
☐ Smokes cigarettes  
☐ Smokes pipe/cigarsExercise\* ☒ None, or <1 time/week  
☐ 1-2 times/week  
☐ 3-4 times/week  
☐ >4 times/week

\* aerobic exercise for at least 20 minutes

Date of First Study Follow-up Visit (1 month  $\pm$  3 days)070612  
day month year