

## Medical and Surgical History

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|--------------------------------|--|---------------------------------|--|
| <b>Protocol</b>                |  | <b>Investigator</b>             |  |
| <b>Subject Identifier</b>      |  | <b>Sponsor</b>                  |  |
| <b>Subject Enrollment Date</b> |  | <b>Subject Completion Date:</b> |  |

| <b>Condition / Surgery</b> | <b>Start Date<br/>(DD/MMM/YEAR)</b> | <b>End Date<br/>(DD/MMM/YEAR)</b> | <b>Ongoing / Resolved</b> | <b>Concomitant<br/>Medication</b> |
|----------------------------|-------------------------------------|-----------------------------------|---------------------------|-----------------------------------|
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