

MTN-029 Follow- up Medical History Log (site (complete as many sheets as needed))

PTID: _____

Page #: _____

Medical Condition	Onset Date (dd-MMM-yy)	Staff Initials/Log Entry Date	Is this condition reportable as an AE? yes <input type="checkbox"/> no <input type="checkbox"/> <i>AE Log Page #</i> — — ←
	Outcome Date (dd-MMM-yy)	Severity Grade	
Comments			Medication Taken? yes <input type="checkbox"/> no <input type="checkbox"/> <i>Report on Concomitant Medications Log.</i> ←

Medical Condition	Onset Date (dd-MMM-yy)	Staff Initials/Log Entry Date	Is this condition reportable as an AE? yes <input type="checkbox"/> no <input type="checkbox"/> <i>AE Log Page #</i> — — ←
	Outcome Date (dd-MMM-yy)	Severity Grade	
Comments			Medication Taken? yes <input type="checkbox"/> no <input type="checkbox"/> <i>Report on Concomitant Medications Log.</i> ←

Medical Condition	Onset Date (dd-MMM-yy)	Staff Initials/Log Entry Date	Is this condition reportable as an AE? yes <input type="checkbox"/> no <input type="checkbox"/> <i>AE Log Page #</i> — — ←
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Comments			Medication Taken? yes <input type="checkbox"/> no <input type="checkbox"/> <i>Report on Concomitant Medications Log.</i> ←

Medical Condition	Onset Date (dd-MMM-yy)	Staff Initials/Log Entry Date	Is this condition reportable as an AE? yes <input type="checkbox"/> no <input type="checkbox"/> <i>AE Log Page #</i> — — ←
	Outcome Date (dd-MMM-yy)	Severity Grade	
Comments			Medication Taken? yes <input type="checkbox"/> no <input type="checkbox"/> <i>Report on Concomitant Medications Log.</i> ←