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| **Was a medical history taken?** | | Yes | | No | **Date taken:** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y | | | |
| **What is the Medical History Number?**  *(MH001, MH002, MH003 etc.)* | **What is the body system or organ class?**  *1 = Cardiac*  *2 = Ear and Labyrinth*  *3 = Endocrine and Lymph*  *4 = Eye*  *5 = Hepatobiliary, Renal and Urinary*  *6 = Mouth, Throat and Gastrointestinal*  *7 = Musculoskeletal and Connective Tissues*  *8 = Nervous System*  *9 = Reproductive System and Breast*  *10 = Respiratory, Thoracic and Mediastinal*  *11 = Skin and Subcutaneous*  *12 = Vascular*  *99 = Other (please Specify)* | | **What is the term for the medical history condition/event?** | | **What was the date that the medical history event/ condition started?**  *DD/MM/YYYY* | **What is the end date of the medical history event?**  *DD/MM/YYYY* | **Is the condition acute or chronic?**  *1 = Acute*  *2 = Chronic* | **What is the toxicity grade of this event?**  *1 = Absent*  *2 = Mild*  *3 = Moderate*  *4 = Severe*  *5 = Life Threatening*  *6 = Fatal* |
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