OMB#: 0925-0216 Expiration Date: xx/xxxx

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Physician's Name Physician's Mailing Address		Participant's Name: Exam Date: DOB: ID:
The Heart Study evaluation focus comprehensive exam. Our rese with a complete physical exami Lipids, Glucose, Pulmonary Fui invasive C-V tests will be forward.	arch exam does NOT ta nation. The following t nction, Ankle-brachial E	ke the place of regular check-ups ests are done on a routine basis:
BLOOD PRESSURE:	FIRST READING	SECOND READING
Systolic Blood Pressure Diastolic Blood Pressure		
ECG DIAGNOSIS:		
SUMMARY OF SIGNIFICAN	T HISTORY AND PHY	SICAL EXAM:
1. No history or physical exam	findings to suggest card	liovascular disease.
OMB No = 0925-0216 3/9/20	10	HEART STUDY PHYSICIAN