**Medical History Log**

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| **Clinically relevant medical condition, surgery, or procedure** | **Start Date**  | **Stop Date****OR** **“Ongoing”** |
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Collected by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_