

Clinical Trial Subject Screening Checklist

Subject ID:

Screening Date:

Study Title:

Screened by (Name):

Checklist Item	Yes	No	Comments
Informed consent obtained	<input type="checkbox"/>	<input type="checkbox"/>	
Meets inclusion criteria	<input type="checkbox"/>	<input type="checkbox"/>	
No exclusion criteria present	<input type="checkbox"/>	<input type="checkbox"/>	
Screening labs/tests completed	<input type="checkbox"/>	<input type="checkbox"/>	
Medical history reviewed	<input type="checkbox"/>	<input type="checkbox"/>	
Physical examination performed	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Notes:

Screening Outcome:

Screened by (Signature):

Date: