

**Section 1: V6 / NCS Administrative Forms****Participant Safety Screen Form: FORM CODE=PSA VERSION=0300**

**Instructions:** This safety screening form must be completed immediately prior to the exam. Positive responses to Questions 1 - 6 should be noted on the Exam Itinerary Checklist for routing purposes during the visit.

<i>Vers</i>		<i>Vers</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
4482	0300	

<i>EventName</i>		<i>EventName</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
4482	Administrative Forms	

<i>Occurrence</i>		<i>Occurrence</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
4482	1	

<i>PSA0a</i>		<i>Completion date</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
4478	Range	04/26/2016 - 04/06/2018
4		Missing

<i>PSA0b</i>		<i>Staff ID</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
4469	Present	Text suppressed
13		Missing

<i>PSA1</i>		<i>On Any Scheduled Medications</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1585	N	No
2886	Y	Yes
11		Missing

<i>PSA1a</i>		<i>Medication details</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2504	Present	Text suppressed
1595	~	Legitimately skipped
383		Missing

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<i>PSA2</i>		<i>Need Other medical Support</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
3440	N	No
1033	Y	Yes
9		Missing

<i>PSA2a</i>		<i>Medical support details</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1029	Present	Text suppressed
3448	~	Legitimately skipped
5		Missing

<i>PSA3</i>		<i>Have Heart Pacemaker or Defibrillator</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
4243	N	No
230	Y	Yes
9		Missing

<i>PSA4</i>		<i>History of skin allergic reaction to adhesive tape</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
4111	N	No
361	Y	Yes
10		Missing