

Do you take drugs?

- ☐ no
☐ yes, please specify
 Frequency* : daily – weekly – monthly – yearly

Do you follow a special diet? ☐ no ☐ yes

- If yes, what diet? ☐ Halal
☐ Kosher
☐ Vegetarian
☐ Other:

Are you willing to eat meat during the study: ☐ yes ☐ no

MEDICAL DETAILS

Allergies: ☐ no ☐ yes

If yes: please specify:

Type 1 diabetes: ☐ no ☐ yes or **Type 2 diabetes:** ☐ no ☐ yes

High blood pressure: ☐ no ☐ yes

Heart disorder: ☐ no ☐ yes

If yes: please specify:

Lung disorder:

- Asthma: ☐ no ☐ yes
- COPD: ☐ no ☐ yes
- Other:

Migraines: ☐ no ☐ yes

If yes: how often:

Thyroid disorder: ☐ no ☐ yes

Cholesterol: ☐ no ☐ yes

Glaucoma: ☐ no ☐ yes

If yes: since when:

Skin disorder:

- eczema: ☐ no ☐ yes
- psoriasis: ☐ no ☐ yes
- other skin disorders:

Cold sores (Herpes Labialis): ☐ no ☐ yes

If yes: since when:

Other disorders: ☐ no ☐ yes

If yes, please specify:

Operations: ☐ no ☐ yes

If yes: please specify what operations and when:.....

Do you use any medication? ☐ no ☐ if yes, please specify:

.....

Are you willing to stay overnight at our unit? ☐ no ☐ yes

If you want to participate in trials at the CPU Antwerp, you should submit a copy of your identity card with your registration form or bring it along to your next appointment.



REGISTRATION FORM

In accordance with the privacy legislation applicable in Belgium (General Data Protection Regulation), your permission is hereby requested to:

- The details of this registration form will be included in the volunteer database of SGS LS, Clinical Pharmacology Unit Antwerp
- Keep a copy of your identity card.

You have the right to inspect and improve the data stored about you. As well as the right to dispose of this information at any time, to change it or have it removed from the volunteer file of SGS LS, Clinical Pharmacology Unit Antwerp.

Signature: Date: