

COVID-19 SCREENING FORM

COMPLETE this form prior to any in-person research activities.

Keep ALL completed screening forms on file > eventually all mailed to the office.

TODAYS DATE: ____/____/____
(00 / 00 / 0000)

SECTION A: STUDY PERSONNEL SCREENING

STUDY PERSONNEL NAME: _____

TODAY or in the past 72 hours have any of the following symptoms began that you cannot attribute to another health condition? Answer "Yes" or "No" to each question.

	YES	NO
Fever or feeling feverish (chills)?		
Diarrhea or vomiting?		
A new cough?		
Shortness of breath?		
A new sore throat?		
New fatigue or muscle aches?		
New headache?		
New loss of smell or taste?		
Runny nose or congestion?		
In the past 14 days, have you been in close physical contact (6ft or closer for at least 15 minutes) with anyone diagnosed with, or has symptoms consistent with COVID-19?		



If you answered "YES" to any of the screening questions: you should stay home, stay away from other people in your household, and contact your health care provider for further advisement. All in-person research visits that have been scheduled should be cancelled, rescheduled, or handed-off to another study team member.



If you answered "NO" to all of the above questions you may proceed to screen the research participants.

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SECTION B: PARTICIPANT SCREENING - ADULT AND YOUTH

PARTICIPANT ID# _____

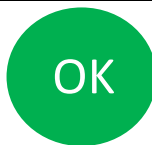
TODAY or in the past 72 hours have any of the following symptoms began that you cannot attribute to another health condition?

Please answer "Yes" or "No" to each question. (Place an "A" for adult and "Y" for youth in the appropriate response columns)

	YES	NO
Fever or feeling feverish (chills)?		
Diarrhea or vomiting?		
A new cough?		
Shortness of breath?		
A new sore throat?		
New fatigue or muscle aches?		
New headache?		
New loss of smell or taste?		
Runny nose or congestion?		
In the past 14 days, have you been in close physical contact (6ft or closer for at least 15 minutes) with anyone diagnosed with, or has symptoms consistent with COVID-19?		



If either participant answered "YES" to any of the screening questions: they should be advised to go home, stay away from other people, and contact their health care provider for further advisement. Research visits with this participant should be placed on hold or rescheduled for a later date.



If the participant answered "NO" to ALL of the above questions, you may proceed with the research visit.