**Study Title:
IRB #: Principal Investigator:
Study Site: Subject ID:**

**DOB: MRN:**

1. Was the subject asked COVID-19 Symptom Screening Questions at the building entrance?

[ ]  Yes - If yes skip to question 4 [ ]  No -continue to question 2

Any YES answer to the below questions should be considered sufficient reason to postpone in-person visits.

1. Have you had any of the following symptoms in the past two weeks, which were not diagnosed as something other than Covid-19, even if they were mild?

|  |  |
| --- | --- |
| [ ]  Congestion or runny nose | [ ]  Muscle pain or body aches not due to injury or strain  |
| [ ]  Cough  | [ ]  Nausea or vomiting  |
| [ ]  Shortness of breath or difficulty breathing  | [ ]  Diarrhea  |
| [ ]  New loss of the sense of smell or taste  | [ ]  Fatigue  |
| [ ]  Sore throat  | [ ]  Headache  |
| [ ]  Chills  | [ ]  Fever (higher than 100.4℉ [38.0℃])  |

1. In the last 14 days, have you lived with, visited, cared for, or been in a room for a prolonged period of time with someone who is under investigation or has been confirmed for COVID-19/coronavirus infection?

[ ]  Yes [ ]  No

1. Did the subject have their temperature taken at the building entrance

[ ]  Yes1 [ ]  No -Document Temperature Below

|  |  |  |
| --- | --- | --- |
| Time | Temperature | ClearedY/N |
|  |  |  |

1 If the subject has had their temperature taken at the entrance, the subject likely had a temperature lower than 38℃ or 100.4℉ as they were permitted to enter the facility

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**Name of Person Completing this form**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**