COVID-19 Screening Tool
Subject #: __________
Subject Initials: ______
Date: ______________
Time: ______________
Appointment Date/Time: __________________

Essential Research Visits - Research visits that cannot be performed remotely and are essential to a participant's health and/or well-being may be performed in person, utilizing the guidelines in the tool below:

PARTICIPANT SCREEN

One Day prior to scheduled visit: ______________

Has participant traveled in the last 30 days?
☐ Yes  Location: ____________________________ ☐ No

If yes, does the PI approve for the screening to continue?  ☐ Yes  ☐ No

PI Signature: __________________________________________ Date: ____/____/____

Has participant had known or potential contact with suspected or confirmed case of COVID-19?
☐ Yes  ☐ No

Has participant been tested for COVID-19?  ☐ Yes  ☐ No

If yes, what was the result?  ☐ Positive  ☐ Negative

COVID-19 Test Date: ______________

If positive, and asymptomatic – Participant must quarantine for at least 14 days following the positive screen prior to visit with no potential COVID-19 symptoms appearing in that time.

If positive, and symptomatic (see symptom list below) – Participant must:

- Demonstrate at least 8 days free of symptoms, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath) prior to visit
- Have a negative COVID-19 test result prior to visit

Date of COVID-19 Retest: ______________

Participant temperature within the last 24 hours: __________

Has participant experienced any of the following signs/symptoms* in the past 3 days?

* COVID-19 testing should be considered if patient reports 1 or more signs/symptoms with no alternate explanation/diagnosis

☐ Fever  ☐ Cough (dry or productive)
COVID-19 Screening Tool

Subject #:___________
Subject Initials: ______
Date: ______________
Time:______________
Appointment Date/Time: __________________

☐ Shortness of breath ☐ Viral prodrome (headache, nausea, vomiting, diarrhea)

Time screening completed:____________________________________
Staff Signature: _____________________________________________ Date:_______/______/_______

Morning of scheduled visit: _____________________
Has participant traveled in the last 30 days?
☐ Yes  Location: _____________________ ☐ No

If yes, does the PI approve for the screening to continue?  ☐ Yes  ☐ No
PI Signature: ______________________________ Date:_______/______/_______

Has participant had known or potential contact with suspected or confirmed case of COVID-19?
☐ Yes  ☐ No

Has participant been tested for COVID-19?  ☐ Yes  ☐ No

If yes, what was the result?  ☐ Positive  ☐ Negative

COVID-19 Test Date: ________________

If positive, and asymptomatic – Participant must quarantine for at least 14 days following the positive screen prior to visit with no potential COVID-19 symptoms appearing in that time.

If positive, and symptomatic (see symptom list below) – Participant must:

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Date of COVID-19 Retest: ________________

Participant temperature within the last 24 hours: ________________

Has participant experienced any of the following signs/symptoms* in the past 3 days?
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☐ Fever
☐ Shortness of breath
☐ Cough (dry or productive)
☐ Viral prodrome (headache, nausea, vomiting, diarrhea)

Time screening completed: ______________________________________

Staff Signature: _____________________________________________ Date:_______/______/_______

ACCOMPANYING CAREGIVER SCREEN

One Day prior to scheduled visit: __________________________

Has accompanying caregiver traveled in the last 30 days?
☐ Yes Location: ____________________________ ☐No

If yes, does the PI approve for the screening to continue?  ☐Yes ☐No

PI Signature: _____________________________________________ Date:_______/______/_______

Has accompanying caregiver had known or potential contact with suspected or confirmed case of COVID-19?  ☐Yes ☐No

Has accompanying caregiver been tested for COVID-19? ☐Yes ☐No

If yes, what was the result?  ☐Positive ☐Negative

COVID-19 Test Date: ____________________________

If positive, and asymptomatic – Accompanying caregiver must quarantine for at least 14 days following the positive screen prior to visit with no potential COVID-19 symptoms appearing in that time.

If positive, and symptomatic (see symptom list below) – Accompanying caregiver must:
COVID-19 Screening Tool

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Date: ______________
Time: ______________
Appointment Date/Time: ______________

- Demonstrate at least 8 days free of symptoms, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath) prior to visit
- Have a negative COVID-19 test result prior to visit
Date of COVID-19 Retest: __________________

Accompanying caregiver temperature within the last 24 hours: __________

Has accompanying caregiver experienced any of the following signs/symptoms* in the past 3 days?

*COVID-19 testing should be considered if accompanying caregiver reports 1 or more signs/symptoms with no alternate explanation/diagnosis

☐ Fever
☐ Shortness of breath
☐ Cough (dry or productive)
☐ Viral prodrome (headache, nausea, vomiting, diarrhea)

Time screening completed: ____________________________

Staff Signature: ____________________________ Date: ______/_____/______

Morning of scheduled visit: _______________________

Has accompanying caregiver traveled in the last 30 days?

☐ Yes  Location: ____________________________ ☐ No

If yes, does the PI approve for the screening to continue?  ☐ Yes  ☐ No

Staff Signature: ____________________________ Date: ______/_____/______

Has accompanying caregiver had known or potential contact with suspected or confirmed case of COVID-19?  ☐ Yes  ☐ No

Has accompanying caregiver been tested for COVID-19?  ☐ Yes  ☐ No

If yes, what was the result?  ☐ Positive  ☐ Negative

COVID-19 Test Date: ____________________________

If positive, and asymptomatic – Accompanying caregiver must quarantine for at least 14 days following the positive screen prior to visit with no potential COVID-19 symptoms appearing in that time.
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- Have a negative COVID-19 test result prior to visit

Date of COVID-19 Retest: 

Accompanying caregiver temperature within the last 24 hours: 

Has accompanying caregiver experienced any of the following signs/symptoms* in the past 3 days?

*COVID-19 testing should be considered if accompanying caregiver reports 1 or more signs/symptoms with no alternate explanation/diagnosis

☒ Fever ☐ Shortness of breath
☐ Cough (dry or productive) ☐ Viral prodrome (headache, nausea, vomiting, diarrhea)

Time screening completed: 

Staff Signature: Date: / / 

REMINDERS FOR CAREGIVER:

1. Please bring a thermometer with you on the morning of visit to do another screen just before our visit. Please call when you have arrived so we can screen before leaving your vehicle.

2. We ask that only 1 person accompany the patient to the visit.

3. The study staff will put on masks and gloves while in contact with patient and caregiver. We will ask that you and patient don a mask also.

4. We will ask that you and patient wash your hands before entering the clinic. A staff member will provide you with hand sanitizer at the door. Then we will put on gloves.

5. We have taken extreme measures to clean all equipment and will be cleaning as we use equipment throughout the visit.