Human Participant Health and Safety Screening

1. **Initial Telephone Screening**

A designated study staff member should call the participant within 24 hours of the appointment and ask the questions from the Human Participant Health and Safety Screening Form.

If the participant answers “Disagree” to Q1 or Q2, the research coordinator should postpone the visit for at least 15 days and encourage the participant to monitor their health and/or symptoms, and to contact their physician if the participant develops or is currently experiencing symptoms that are consistent with COVID-19.

1. **In-Person Screening**

When a participant presents for a visit, study staff should repeat questions about symptoms and exposure that might have occurred since the pre-screening conversation. Conduct this in-person screening in a separate room, wearing face covering (both research and participant) and physical distancing of 6 ft. or have a glass barrier when talking with the research participant.

Human Participant Health and Safety Screening Form

Q1 In the past 14 days, **no one** in my household, including myself, has been directed to self-isolate or quarantine for suspected COVID-19 exposure.

* Agree
* Disagree

Q2 In the last 24 hours, **I have not** experienced any of the following symptoms (or a physician has cleared my symptoms as not being related to COVID-19):

* temperature higher than 100.4F (or 38C)
* chills
* cough
* shortness of breath or difficulty breathing
* new loss of taste or smell
* runny or stuffy nose (that is unrelated to seasonal allergies)
* sore throat
* nausea
* vomiting or diarrhea
* muscle aches, body aches or headaches (other than those resulting from strenuous activity, exercise or chronic medical or physical conditions)
* Agree
* Disagree

The information I have provided above is accurate.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Participant will be contacted if contact tracing is necessary)