## SCREENING FORM FOR INDIVIDUALS PARTICIPATING IN RESEARCH

## INVOLVING FACE-TO-FACE CONTACT

|  |  |
| --- | --- |
| Research Study Title |  |
| Date |  | Person completing form |  |
|  **Study Participant Information** |
| First Name |  | Last Name |  |
| Email |  | Phone |  |

## **RETAIN THIS FORM IN A SECURE AND LOCKED LOCATION**

## **Study participants should be contacted and screened both on the day before the visit and immediately upon arrival.**

## WHAT TO TELL RESEARCH PARTICIPANTS:

Harvard University requires all individuals participating in a research study that involves face-to-face contact to attest to their wellness prior to their participation. The purposes of this screening is (1) to enable study participants to report to the Harvard University research team on whether they are experiencing symptoms of COVID-19 infection, and (2) based on that reporting, to generate a clearance to participate and attend a study visit.

We will complete this screening prior to each study visit on the day before the visit and immediately upon arrival. This assessment will determine whether it is permissible for you to attend your study visit; it is not meant to provide clinical advice. Should you share with us that you may be experiencing symptoms related to COVID-19, we will request that you contact your health care provider or if you feel that it is an emergency to call 9-1-1.

 Let’s get started….

## Q1: ARE YOU EXPERIENCING ANY OF THE FOLLOWING SYMPTOMS? (CHECK ALL THAT APPLY)

[ ] Fever, chills, or feeling feverish

[ ]  New cough (not related to chronic condition)

[ ] Shortness of breath or difficulty breathing

[ ] New fatigue

[ ] Muscle or body aches

[ ] New headache

[ ] New loss of taste or smell

[ ] Sore throat

[ ] New nasal congestion or new runny nose (not related to seasonal allergies)

[ ] Nausea or vomiting

[ ] Diarrhea

 If ANY of the above apply, inform the study participant that they will not be permitted to come to the study visit on that day and that they should contact their health care provider. For medical emergencies, call 911.

 *If NONE of the above apply, proceed to Q2*

## Q2: IN THE LAST 14 DAYS, HAVE YOU BEEN IN CLOSE CONTACT WITH ANYONE WHO HAS TESTED POSITIVE FOR COVID-19? (CHECK BOX)

[ ]  Yes

[ ]  No

 If Yes, the study participant believes that they were exposed to a confirmed case of COVID-19, inform them that they will not be permitted to attend the study visit on that day and that they should contact their health care provider. For medical emergencies, call 911.

 If No, inform study participant that they may come to the study visit. Remind them to wear a facemask at all times as well as any location or study specific information that they should know about.