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:
las participant traveled in the last 30 days?
□Yes Location:□No
If yes, does the PI approve for the screening to continue? □Yes □No
Signature: Date:
las participant had known or potential contact with suspected or confirmed case of COVID-19? □Yes □ No
las participant been tested for COVID-19? □Yes □No
If yes, what was the result? □Positive □Negative
COVID-19 Test Date:
If <i>positive</i> , 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:
las 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)
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Version date 4/22/2020

	COVID-19 Screening Tool
	Subject #:
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	Date:
	Time:
	Appointment Date/Time:
☐Shortness of breath	□Viral prodrome (headache, nausea, vomiting, diarrhea)
Time screening completed:	
Staff Signature:	Date:/
Morning of scheduled vis	::
Has participant traveled in	ne last 30 days?
□Yes Location:	□No
If yes, does the PI a	pprove for the screening to continue? □Yes □No
PI Signature:	Date:/
Has participant had known □Yes □No	or potential contact with suspected or confirmed case of COVID-19?
Has participant been tested	for COVID-19? □Yes □No
If yes, what was the	result? □Positive □ Negative
COVID-19 Test Date	: :
	nd asymptomatic – Participant must quarantine for at least 14 days positive screen prior to visit with no potential COVID-19 symptoms that time.
If positive, a	nd symptomatic (see symptom list below) – Participant must:
•	Demonstrate at least 8 days free of symptoms, defined as resolution of ever without the use of fever-reducing medications and improvement in espiratory 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 wit	in the last 24 hours:

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

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	COVID-19 Screening Tool
	Subject #:
	Subject Initials:
	Date:
	Time:
	Appointment Date/Time:
*COVID-19 testing should be co alternate explanation/diagnosis	nsidered if patient reports 1 or more signs/symptoms with no
□Fever	☐Shortness of breath
□Cough (dry or productive)	□Viral prodrome (headache, nausea, vomiting, diarrhea)
Time screening completed:	
Staff Signature:	Date:/
One Day prior to scheduled vis	
□Yes Location:	·
If yes, does the PI appro	ve for the screening to continue? □Yes □No
PI Signature:	Date:
Has accompanying caregiver ha COVID-19? □Yes □ No	d known or potential contact with suspected or confirmed case of
Has accompanying caregiver be	en tested for COVID-19? □Yes □No
If yes, what was the resu	ılt? □Positive □ Negative
COVID-19 Test Date: _	
•	symptomatic – Accompanying caregiver must quarantine for at least g the positive screen prior to visit with no potential COVID-19 aring in that time.
If <i>positive</i> , and sy must:	ymptomatic (see symptom list below) – Accompanying caregiver

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	COVID-19 Screening Tool
	Subject #:
	Subject Initials:
	Date:
	Time:
	Appointment Date/Time:
 Demonstrate at least 8 days free of sy fever without the use of fever-reducing respiratory symptoms (e.g., cough, she Have a negative COVID-19 test result Date of COVID-19 Retest: 	medications and improvement in ortness of breath) prior to visit prior to visit
Accompanying caregiver temperature within the last 24 hours:	
Has accompanying caregiver experienced any of the following sign	ns/symptoms* in the past 3 days?
*COVID-19 testing should be considered if accompanying caregive signs/symptoms with no alternate explanation/diagnosis	ver reports 1 or more
□Fever □Shortness of breath	
□Cough (dry or productive) □Viral prodrome (head	dache, nausea, vomiting, diarrhea)
Time screening completed:Staff Signature:	
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 COVID-19? \Box Yes \Box No	suspected or confirmed case of
Has accompanying caregiver been tested for COVID-19? $\ \Box$ Yes	□No
If yes, what was the result? □Positive □Negative)
COVID-19 Test Date:	
If <i>positive</i> , and asymptomatic – Accompanying ca 14 days following the positive screen prior to visit symptoms appearing in that time.	•

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	COVID-19 Screening Tool
	Subject #:
	Subject Initials:
	Date:
	Time:
	Appointment Date/Time:
If <i>positive</i> , a must:	and symptomatic (see symptom list below) – Accompanying caregiver
•	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 to	emperature within the last 24 hours:
Has accompanying caregive	ver experienced any of the following signs/symptoms* in the past 3 days?
	be considered if accompanying caregiver reports 1 or more ternate explanation/diagnosis
⊠Fever	☐Shortness of breath
□Cough (dry or productive	e) □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.

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