

### BIRC Participant Health Checklist (RESEARCH)

In the last 14 days, have you had:

- |   |     |    |
|---|-----|----|
| 1. Fever >100.0 F   | YES | NO |
| 2. Cough  | YES | NO |
| 3. Shortness of breath or difficulty breathing  | YES | NO |
| 4. Chills   | YES | NO |
| 5. Body Aches   | YES | NO |
| 6. Muscle Aches   | YES | NO |
| 7. Headache   | YES | NO |
| 8. Sore throat  | YES | NO |
| 9. Congestion or runny nose   | YES | NO |
| 10. Loss of taste or smell  | YES | NO |
| 11. Nausea or vomiting  | YES | NO |
| 12. Diarrhea  | YES | NO |
| 13. Have you had a positive COVID-19 test result<br>In the last 14 days?  | YES | NO |
| 14. Are you subject to a travel or other quarantine order?<br><a href="https://portal.ct.gov/Coronavirus/travel">https://portal.ct.gov/Coronavirus/travel</a> | YES | NO |
| 15. Have you been in contact with a known or<br>presumed COVID patient in the last 14 days?   | YES | NO |

**If you answer YES to any of these questions, please DO NOT come to BIRC**

Name of investigator: \_\_\_\_\_ Date: \_\_\_\_\_