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 in the last 14 days?
    
    YES  NO

14. Are you subject to a travel or other quarantine order?
    
    YES  NO
    https://portal.ct.gov/Coronavirus/travel

15. Have you been in contact with a known or 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:_____________