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. Sore throat YES NO
8. Loss of taste or smell YES NO
9. 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: ______________