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|  | **UIC** |
| **3T MR Research Program** | |

**COVID-19 Screening Form**

**Name:** Click or tap here to enter text.

**Screening Date:** Click or tap here to enter text.

***Please click the YES or NO checkbox to the questions below:***

1. **Have you been tested for COVID-19 (Coronavirus)?**

**YES  NO *If NO, skip to question 2***

**Test Date** Click or tap here to enter text.

**Result** Click or tap here to enter text.

*\* If a COVID-19 positive result* ***WITHOUT Hospitalization****:*

* *Scan must be scheduled* ***10-days*** *after the positive result date.*
* *Remain symptom free.*

*\* If a COVID-19 positive result* ***WITH Hospitalization****:*

* *Scan must be scheduled* ***20-days*** *after the positive result date.*
* *Remain symptom free.*

1. **Have you been told you may have COVID-19 and are awaiting testing?**

**YES  NO *If NO, skip to question 3***

*A stop sign

Description automatically generated* *\* If YES, you may* ***NOT*** *continue scheduling..*

1. **Do you have any of the following symptoms:**

**Yes No Yes No**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cough** |  |  |  |  | **Muscle Pain** |  |  |  |
| **Fever** |  |  |  |  | **Weakness** |  |  |  |
| **Chills** |  |  |  |  | **Fatigue** |  |  |  |
| **Shortness of Breath** |  |  |  |  | **Sore Throat** |  |  |  |
| **New Loss of Taste or Smell** |  |  |  |  | **Any Other Respiratory Symptom(s)** |  |  |  |
| **New Headache** |  |  |  |  | **Diarrhea** |  |  |  |

*\* If the person screened has answered****YES****to having any of the above symptoms (regardless of severity) they****MUST Stay Home****and cannot come in for their exam.*

*\* If the person screened has answered****NO****to all the above symptoms, they are required to wear a mask and will be provided one (if needed) upon entry to the Harrison facility.*

*\* Upon arrival, everyone will be temperature screened. Any research staff or subject with a temperature reading* ***under******100.4°F*** *is cleared to enter the MRI Center.*

1. **Have you been in close contact or recently exposed to someone with suspected or confirmed COVID-19?**

**YES  NO**

*\*If* ***YES****, Please* ***CONTINUE to******Question #5****.*

*\*If* ***NO****, Please* ***SKIP******Question #5****. You may continue your scheduled scan.*

1. **Have you tested negative for COVID-19 within 5 days of exposure?**

**YES  NO**

*\* If* ***YES****, you may continue your scheduled scan and continue to wear a high quality well-fitted mask per CDC guidelines while at the CMRR.*

*\*Subjects scans can be rescheduled 10 days from the date of last close contact and you remain symptom free.*

*A stop sign

Description automatically generated*

*\* If* ***NO****, you may* ***NOT*** *continue the scheduled scan..*

*\*Subjects scans can be rescheduled 10 days from the date of last close contact and you remain symptom free.*

*\*Research personnel may return to the CMRR after a period of 5 days*

**Source of Screening Info:** Click or tap here to enter text.

**Screened by:** Click or tap here to enter text.

***\*In order to have the most recent information, this form MUST be completed and emailed to the scanning technologist on the scheduled scan date.***