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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***

** *\* If YES, you may* ***NOT*** *continue scheduling..*

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

 **Yes No Yes No**

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| **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.*

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*\* 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.***