University of Rochester Center for Advanced Brain Imaging and Neurophysiology
UR CABIN
Del Monte Institute for Neuroscience
The University of Rochester
430 Elmwood Ave Box 278917
Rochester, NY 14627-8917
URL: UR CABIN

Tel: (585) 275-4540
Fax: (585) 276-2127

COVID-19 Human Research Subject Screening Form

Subject Name: Dob:

1. Have you been diagnosed with COVID-19 within the last 10 days?
   YES ☐ Date of diagnosis:
   NO ☐
2. In the past 14 days, did you have contact with someone who was diagnosed with COVID-19?
   YES ☐ NO ☐
3. In the past 24 hours have you had a fever higher than 100.4°F?
   YES ☐ NO ☐
4. Do you have a new cough?
   YES ☐ NO ☐
5. Do you have new body aches?
   YES ☐ NO ☐
6. Are you having any difficulty breathing?
   YES ☐ NO ☐
7. Do you have a sore throat?
   YES ☐ NO ☐
7. Do you have a new onset of headaches or loss of taste or smell?
   YES ☐ NO ☐

Subject Signature: Date:

Record Subject's temperature:
Below for lab personnel use ONLY