

Dear Study Participant/Research Guest,

Exercising an abundance of caution, with the goal to protect our employees, patients and our community, which are our highest priorities, we are implementing a screening process for all on-site visitors. Within 48 hours of your study visit, but prior to your departure for the visit at the University of Vermont (UVM)/ UVM Medical Center, we will require the information below to be completed, and the document be returned to or reviewed by UVM/UVM Medical Center study staff.

**Section 1:** Please check the appropriate box (yes or no) to the following questions:

1. Have you completed a full\* COVID-19 vaccination cycle?

\*If you are on a two dose regimen, e.g. Pfizer or Moderna, a full cycle for the two dose vaccine is at least two weeks after your second dose of the vaccine.

\*A full cycle for the one dose vaccine, e.g. Johnson and Johnson, is at least two weeks after your single dose of the vaccine.

No  If No, please answer question 2

Yes  If Yes, please continue to question 3

2. Have you had COVID-19 in the last 3 months?

No  If No, please continue to question 3

Yes  If Yes, please continue to question 2a

2a. Have you fully recovered from COVID-19 and have no new symptoms?

No  If No, please reschedule your visit

Yes  If Yes, please continue to question 4

3. Have you traveled outside of the country in the last 14 days?

No  If No, please continue to question 4

Yes  If Yes, please answer question 3a.

3a. Have you had a negative viral COVID-19 test result within 3-5 days of returning to Vermont, and if unvaccinated, have you self-quarantined for 7 days?

No  If No, please reschedule your research visit

Yes  If Yes, please continue to question 4

4. Have you been in close contact\*\* with someone known to be COVID positive in the past 14 days?

\*\*Close contact is defined as being less than six feet from an infected person for a cumulative total of 15 minutes or more over a 24-hour period without medically appropriate PPE.

No  If No, please continue to Section 2

Yes  If Yes, please reschedule your research visit

**Section 2:** Please check the appropriate box (yes or no) to the following questions to assess the development of COVID-19 symptoms that cannot be attributed to a pre-existing condition.

1. Have you had a fever (100.4°F/38°C or higher) in the last 14 days? No  Yes
2. Have you used a fever reducer in the past 24 hours? No  Yes
3. Have you had chills in the last 14 days? No  Yes
4. Have you had muscle pains in the last 14 days? No  Yes
5. Have you had a headache in the last 14 days? No  Yes
6. Have you had a sore throat in the last 14 days? No  Yes
7. Have you had a cough in the last 14 days? No  Yes
8. Have you had shortness of breath in the last 14 days? No  Yes
9. Have you had any new loss of taste or smell in the last 14 days? No  Yes
10. Have you had direct contact with anyone that had a fever, cough, or “flu-like” symptoms in the last 14 days? No  Yes

If the answer to question 2a, 3a is “No”, or the answer to question 4 is “Yes”, then we will require that the research visit be rescheduled. Additionally, if the answer to any of the questions in Section 2 are “Yes”, then we will require that the research visit be rescheduled to a mutually agreeable date and time or alternatively, the visit be conducted remotely. We understand that not all aspects of a research visit lend themselves to remote visits but would ask that these aspects of the research visit be conducted at a later date.

Notes:

---

---

---

This form was completed: In-person  Phone-call

This form was completed by: Participant  Study Staff

By printing the name below, I confirm that all the answers above are truthful.

\_\_\_\_\_  
Participant Name (filled in by the participant or study staff)

\_\_\_\_\_  
Unique Study ID

\_\_\_\_\_  
Study Staff Name (filled in by who completed or received this document)