



Human Subjects Research Participants in On-Campus-based Studies

Date: _____

Participant Name: _____

Participant's Phone Number: _____

Research Study Leader: _____

Self-Declaration by Study Participant		
	YES	NO
Have you or anyone in your household traveled outside of the U.S. in the past 14 days?		
Have you or anyone in your household had any of the following symptoms in the last 14 days: – Sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100.4 degrees Fahrenheit?		
Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19?		
Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19?		
To the best of your knowledge, have you been in close proximity to any individual who tested positive for COVID-19?		

If you respond “YES” to any one of these questions, we ask that you recuse yourself from participating in the study. Please inform the study leader that you will not be able to participate.

On-Campus study participants will be asked to submit to a non-contact temperature scan at the start of each visit to the study site.