

**Columbia University**  
**Health Screening Form for Research Candidate or Participant**

*All research candidates/participants must fill out this form before entering Columbia University Buildings. As explained below, if any box with an asterisk\* is checked, the candidate or participant may not enter Columbia University buildings for research purposes only.*

To the best of my knowledge (select all that apply):

1. I have experienced any of the following symptoms of COVID-19 in the past 14 days (fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, sore throat, abdominal pain/diarrhea, or new loss of taste or smell or other symptoms of COVID-19)
- I have been cleared by a healthcare provider to come to campus
  - I have not yet been cleared by a healthcare provider \*
  - I have only fatigue, headache, and/or muscle/joint aches that began within 2 days of COVID-19 vaccination AND which lasted for 3 days or less AND I feel well enough to be screened or participate in this study

2. I have been in contact in the past 14 days with someone who has had symptoms of COVID-19 or was diagnosed with COVID-19, outside of clinical research, clinical care or clinical training
- I have been notified by a contact tracer that I am a close contact and have been informed by contact tracing that I should quarantine \*
  - I have NOT been identified as a close contact by a contact tracer
  - I am fully vaccinated (more than 2 weeks after the second dose for 2-dose vaccines; more than 2 weeks after vaccination for 1-dose vaccines), and have no symptoms

3. I tested positive for COVID-19 in the past 14 days (Please check all that apply)
- More than 10 days have passed since onset of symptoms or the date of the positive test
  - At day 10 from positive test, I have had no fever within the past 24 hours without the use of fever-reducing medications and my other symptoms have improved
  - I have had prior positive test within 90 days of recent test and have no symptoms now
  - I currently have COVID-19 symptoms described in Question 1 above. \*

4. None of the above

\*Should these statements be checked, you will not be allowed to enter any University building for research purposes only. Individuals seeking screening or participation in COVID-19-related studies need special permission from the principal

investigator or member of the research team to enter University buildings, and must follow all measures in place to mitigate transmission of SARS-CoV-2 to staff and others.

To the best of my knowledge, I certify that the information submitted on this form is true and correct.

Research Candidate/Participant Name printed: \_\_\_\_\_

Research Candidate/Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Researcher/Research Coordinator Recipient of Form:

Name printed: \_\_\_\_\_

Signature: \_\_\_\_\_

*This form must be retained for 21 days and should then be shredded.*

Questions are from the NY State Interim Guidance for Higher Education Research During the COVID-19 Public Health Emergency.

Source: *New York State Department of Health*