## 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.

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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