

COVID-19 Screening

Human Research Subjects for CAMRI

(Must submit in advance for each subject prior to each visit)

Name of Visitor/Research Subject : _____

Cell Phone Number and/or email: _____

Driver's License # (for BCM security): _____

*must present this DL at Baylor security upon entrance

Date of visit and time: _____

Please answer the following questions:

Symptoms of COVID-19 may show up 2-14 days after exposure.

Do you have any of the following new or worsening signs or symptoms of possible COVID-19?

- | | |
|--|---|
| <input type="checkbox"/> Cough | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Loss of taste or smell |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Repeated shaking with chills | <input type="checkbox"/> Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit |
| <input type="checkbox"/> Muscle pain | <input type="checkbox"/> Known close contact with a person who is lab confirmed to have COVID-19 |
| <input type="checkbox"/> Headache | |

Have you traveled outside Texas in the past 14 days?

Have you been in contact with anyone testing positive for COVID-19?

Have you tested positive for COVID-19?

Date of positive test: _____

Have you had a fever of 100.3 or higher in the past 14 days?

BCM has strict policies for wearing face masks, social distancing and decontamination of instruments and common work surfaces for the safety of its employees and visitors. Research subjects must wear a face mask in order to enter BCM facilities and undergo screening at security that includes measuring temperature. Subjects will be met at security by Principle investigator, or a member of that lab, and escorted to and from the facility. Upon entering CAMRI subjects will be provided a once use disposable surgical mask and other appropriate PPE.

If a research subject tests positive for COVID19 after a visit to CAMRI they should self-report to BCM Occupational Health (OHP): phone 713.798.7880

Investigator's Name (please print): _____

Investigator's Signature: _____

Date: _____

****Submit screening form to CAMRI 48 hours prior to scheduled imaging session – camri-staff@listserv.bcm.edu**