

Human Subject Participant Health & Safety Screening

1. Initial Telephone Screening

A designated study staff member should call the participant within 24 hours of the appointment and ask the following screening questions.

Name or ID: _____ LAB: _____

	Question – Advise participant to please answer all questions accurately	Yes	No	If yes
1	Have you travelled to another state or internationally in the last 14 days while COVID-19 was prevalent?			Where? Date Departed: Date Arrived into MA: To your knowledge, have you visited any facilities with confirmed COVID-19 cases (e.g., grocery store, bank)?
2	To your knowledge, has someone you are in close contact with been diagnosed with COVID-19 (household, daycare, etc.)?			Who? Date Diagnosed?
3	Are you in close contact with someone who is sick with respiratory symptoms?			Who: Date symptoms began:
4	Do you feel any of the following symptoms?			
	Fever (temperature over 100.3F)?			Date symptoms began
	Cough?			Date symptoms began:
	Difficulty breathing/Shortness of breath?			Date symptoms began:
	Muscle aches?			Date symptoms began:
	Fatigue?			Date symptoms began:
	Headaches?			Date symptoms began:
	Sore throat?			Date symptoms began:
	Runny nose?			Date symptoms began:
	Nausea/vomiting, Diarrhea, Loss of appetite?			Date symptoms began:
5	Do you fall into a category defined by the CDC as high risk?			Describe category as per: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html
6	Do you fall into a category defined by the CDC as “other” risk group?			

If the participant answered “YES” to questions 1-4, the coordinator should postpone the visit and encourage the participant to monitor their health and/or symptoms, and to contact their physician if the participant develops or is currently experiencing symptoms that are consistent with COVID-19.

If the participant answered Yes to question 5 and 6, the participant will need to be made aware of a heightened risk of serious consequences if they were to contract COVID-19. The coordinator should remind participants on health and safety precautions that are being implemented such as mandatory wearing of face mask for both researcher and participant, physical distancing, and enhanced cleaning.

2. In-Person Screening

When a participant presents for a visit, study staff should repeat questions about symptoms and exposure that might have occurred since the pre-screening conversation.

Conduct this in-person screening in a separate room, wearing face covering (both research and participant) and physical distancing of 6 ft or have a glass barrier when talking with the research participant. Brief interactions with people with symptoms are not considered exposure.

Make a copy of the in-person screening protocol after the screening. Research participant will be given a copy of the protocol, signs the acknowledgement and receives a copy of the [UMass Amherst COVID-19 Control Plan](#)

Name or ID: _____ LAB: _____

Before screening take temperature:

Temperature: _____ Time: _____ Initials: _____

	Since we last spoke, have you had any of the following symptoms?	Yes	No	If yes
1	Do you feel any of the following symptoms?			
	Fever (temperature over 100.3F)?			Date symptoms began
	Cough?			Date symptoms began:
	Difficulty breathing/Shortness of breath?			Date symptoms began:
	Muscle aches?			Date symptoms began:
	Fatigue?			Date symptoms began:
	Headaches?			Date symptoms began:
	Sore throat?			Date symptoms began:
	Runny nose?			Date symptoms began:
	Nausea/vomiting, Diarrhea, Loss of appetite?			Date symptoms began:
2	To your knowledge, has someone you are in close contact with been diagnosed with COVID-19 (household, daycare, etc.)?			Who? Date Diagnosed?
3	Are you in close contact with someone who is sick with respiratory symptoms?			Who: Date symptoms began:
4	Do you fall into a category defined by the CDC as high risk?			Describe category as per: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html
5	Do you fall into a category defined by the CDC as "other" risk group?			

If the participant answered "YES" to questions 1-3 or has a temperature above 100.3 F, the coordinator should postpone the visit and encourage the participant to monitor their health and/or symptoms, and to contact their physician if the participant develops or is currently experiencing symptoms that are consistent with COVID-19.

If the participant answered Yes to question 4 and 5, the participant will need to be made aware of a heightened risk of serious consequences if they were to contract COVID-19. The coordinator should remind participants on health and safety precautions that are being implemented such as mandatory wearing of face mask for both researcher and participant, physical distancing, and enhanced cleaning.

By signing below, you acknowledge that to the best of your knowledge, you have accurately answered the questions above and that you received information on UMass Amherst COVID-19 health and safety procedures as well as disinfection procedures specific to the research laboratory that you are entered. You acknowledge your temperature was taken and you have been told this value. You also recognize your risk category and acknowledge that there is a risk of contagion as a result of your participation in this study. Enhanced cleaning and other measures should minimize this risk. You agree to wear a face mask as required and if required, and to maintain physical distancing during majority of research activities. You agree to notify study personnel immediately if you are diagnosed with COVID-19 in the next 14 days.

NAME

SIGNATURE

DATE