**Human Participant PRE-SCREEN Health Checklist**

Have you received a diagnosis of COVID-19 in the past 14 days YES NO

In the last 14 days, have you had:

Fever >100.0 F YES NO

Cough YES NO

Shortness of breath or difficulty breathing YES NO

Chills YES NO

Muscle aches YES NO

Sore throat YES NO

Loss of taste or smell YES NO

Diarrhea YES NO

Have you had contact with a known or presumed COVID patient in the last 14 days? YES NO

***If the answer to any of the above questions is YES, the participant should not be admitted to the research space.***

This information does not need to be maintained as part of the research record unless the data will be analyzed as part of the research (requires protocol modification)