HEALTH
UNIVERSITY OF UTAH

CCTS Clinical Services Core (CSC)
421 Wakara Way Suite 360
Salt Lake City, Utah 84108
801.581.2224

CCTS Participant Arrival Screening

Date: ___________________________ PT Name: ______________________ PT MRN ________________________ D.O.B. __________________________		Protocol # _________________ PI: ______________________

Directly upon participant arrival if the participant does not have a cloth mask on, provide cloth mask, take a temperature and ask the participant the following questions:

Arrival Screening Questions					
Q1	In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus/ COVID-19?				Yes ☐ No ☐
Q2	Have you traveled internationally in the last month?				Yes ☐ No ☐
Q3	Do you have any of the following symptoms?				
	☐ **History of fever (temp > 100F)**		☐ **New or worsening cough**		
	☐ **Shortness of breath/difficulty breathing**		☐ **Myalgia (body/muscle aches)**		
	☐ **Malaise (general feeling of unwell)**		☐ **Sore throat**	☐ **Chills**	
	☐ **Decreased sense of smell and/or taste**		☐ Abdominal pain	☐ Bruising or bleeding	
	☐ Weakness	☐ Rash	☐ Muscle pain	☐ Joint pain	
	☐ Diarrhea	☐ Vomiting	☐ Red eye	☐ Severe headache	
If the participant stated "Yes" to any of the above non-bolded symptoms as a baseline symptom, document an explanation for the symptoms (asthma, CF, etc) and check-in participant per standard protocol.					

If the participant states "No" to all of the above questions, check-in participant per standard protocol.

If the participant states "Yes" to any of the above questions that are **bolded** or that are not baseline symptoms, **IMMEDIATELY** advise participant to return to vehicle and contact the COVID-19 Hotline Number **(801) 587-0712**. Advise participant the Study Team will be in contact. Notify the PI of the situation.

PI Notified: ___________________ Date___________________ Time _________________

Providers and CCTS Clinical Staff will document all portions of the Arrival Screening process

Completed by ___________________ Signature___________________ Date_________________