

Subject ID Number (if applicable)	Subject Initials	Staff Initials	Date
	_____	_____	__ __ / __ __ __ / 20 __ __ (DD / MMM / 20YY)
Protocol Short Name			Study Visit Name

**Telephonic & In-Person Infectious Disease Screening**

**Assessment performed as:**

- Telephonic Screening
- In-Person Screening

**Infectious Disease AMB Assessment:**

*Are you currently experiencing any of the following symptoms?*

Symptom	Yes	No	Unable to Obtain Information	Comments
Fever				
Cough				
Rash				
Severe Headache				
Stiff Neck				
Diarrhea (3 episodes/day)				

**Travel Assessment:**

*Have you or someone you had physical contact with travelled outside the U.S. within the last 30 days?*

- Yes, Patient
- Yes, Family Member
- Yes, Patient & Family Member
- No
- Unable to Obtain Information

*If "Yes," were you or someone you had physical contact with hospitalized in the foreign country within the last 6 months?*

- Yes, Patient
- Yes, Family Member
- Yes, Patient & Family Member
- No
- Unable to Obtain Information

*Have you or someone you had physical contact with travelled inside the U.S. (outside your current state of residence) within the last 30 days?*

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- Yes, Patient
- Yes, Family Member
- Yes, Patient & Family Member
- No
- Unable to Obtain Information

*If "Yes," were you or someone you had physical contact with hospitalized in that state within the last 30 days?*

- Yes, Patient
- Yes, Family Member
- Yes, Patient & Family Member
- No
- Unable to Obtain Information

**Recent Travel Locations:**

*Please list all U.S. states and countries visited within the last 30 days, if applicable.*

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**2019 Novel Coronavirus Risk Screening:**

*Does the patient report any of the following situations?*

Type of Contact	Yes	No	Unknown
Contact with one who travelled to China			
Contact with one who has suspected nCoV			
Contact with one who has confirmed nCoV			

*Does the patient show or report any of the following symptoms within the last 14 days?*

Symptom	Yes	No	Unknown
Fever >= 38C/100.4F			
Patient reports fever in the last 24 hours			
Cough			
Difficulty Breathing			
Shortness of Breath			

*Does the subject meet current criteria for isolation?*

- Yes
- No

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- N/A, telephonic screening – patient asymptomatic (in-person visit MAY proceed as scheduled; subject to change)
- N/A, telephonic screening – patient symptomatic (in-person visit MAY NOT proceed as scheduled)

*If “Yes,” were the following steps followed?*

- Mask placed on patient
- Patient escorted to exam room immediately, with the door closed
- HCP notified immediately

**Additional Comments:**

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Staff initials: