Center for Advanced Brain Imaging (CABI) COVID-19 Screening
(To be completed by CABI staff upon arrival before entering the building)

Name/Subject ID: ____________________________________________

CABI personnel's name: ________________________________________

Date/Time of in-person screening: ________________________________

Script for CABI Staff:
"Welcome to CABI! We are grateful for your participation in this research study. For health safety reasons, we are screening all individuals for Covid-19 related symptoms, upon entry at the center. As mentioned in the COVID-19 information sheet that was shared with you earlier, we will be taking a temperature and oxygen saturation reading. Both are completely non-invasive procedures. Do I have your permission to proceed?"

Temperature reading: ___________________

Blood oxygen saturation: ________________

1. “Have you had a fever greater than 100.4 within the past 14 days?”
   ______ NO _______ YES

2. “Have you had new or worsening cough within the past 14 days?”
   ______ NO _______ YES

3. “Have you had new or worsening shortness of breath, or other respiratory symptoms within the past 14 days?”
   ______ NO _______ YES

4. “Have you had a loss of your sense of taste and smell within the past 14 days?”
   ______ NO _______ YES

5. “To your knowledge, have you been in close contact with a person who has had any fever, cough, shortness of breath, loss of taste or smell within the past 14 days?”
   ______ NO _______ YES

6. “Have you, or anyone close to you, had close contact with a person who has tested positive for COVID-19 or is under investigation for COVID-19?”
   ______ NO _______ YES

7. “Have you traveled domestically to any other major cities within US, or internationally within the last 14 days?”
   ______ NO _______ YES

If NO to 1-7: If regular inclusion criteria are met then you may schedule the MRI scan. “Great, you may now proceed with the rest of this study. Please inform the study team if within the next 2 weeks you experience any flu-like symptoms or believe that you may have been exposed to COVID-19."

If temperature reading of 100.4 or higher, or oxygen saturation below 90%: “We recommend that you contact your healthcare provider immediately and ask whether you should be tested for Covid-19.”

If YES to 1-7: “Out of an abundance of caution, we must reschedule your in-person appointment. You will be contacted by a member of the study team in 2-3 weeks. We recommend that you self-quarantine and contact your healthcare provider. Thank you for your understanding”. Research personnel should then contact CABI staff about cancelation of any MRI reservations pertaining to this subject.