



Center for Advanced Brain Imaging (CABI) COVID-19 Screening

(To be completed by CABI staff upon arrival before entering the building)

IRB#: _____ PI Last Name: _____
Participant URSI: _____ Date/Time of Scan: _____
Date/Time of Screening: _____ Research Personnel's Name: _____

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?"

Researchers, participants and caregivers (if applicable) are required to participate in contact tracing. If any individual tests positive for COVID-19 Version 11-02-2020 Georgia Institute of Technology within 14 days of being physically present in a Georgia Tech research facility, they must contact the contact person named in the consent form or Stamps Health Services to report the positive test result for COVID-19. If the contact person for the study is informed by a subject that they have tested positive for COVID-19, the information will be forwarded to Stamps Health Services. In accordance with Institute guidance, Stamps Health Services will notify the Georgia Department of Public Health for possible contact tracing.

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 provide 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.