COVID-19 Screening

Human Research Subjects for CAMRI (17yrs old and under)

(Must submit in advance for each subject prior to each visit)

Name	e of Research Subject :		Age
Name of Parent/Guardian:			
Driver's License # (for BCM security): *must present this DL at Baylor security upon entrance Cell Phone Number and/or email:			
Date of visit and time:			
Please answer the following questions: Symptoms of COVID-19 may show up 2-14 days after exposure. Do you have any of the following new or worsening signs or symptoms of possible COVID-19? Cough Sore throat Loss of taste or smell			
	breathing Chills Repeated shaking with chills Muscle pain Headache		Diarrhea Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit Known close contact with a person who is lab confirmed to have COVID-19
Have	you or your child traveled outside Texas i	yone t	esting positive for COVID-19?
Have BCM work order be m	surfaces for the safety of its employees a r to enter BCM facilities and undergo scree et at security by Principle investigator, or	higher social nd visi ening a a mem	
If a research subject tests positive for COVID19 after a visit to CAMRI they should self-report to BCM Occupational Health (OHP): phone 713.798.7880			
Inves	tigator's Name (please print):		
Investigator's Signature:			
Date:			
**Submit screening form to CAMRI 48 hours prior to scheduled imaging session – camri-staff@listserv.bcm.edu			