# Appendix B: Sample Study Participant COVID-19 Self-Screening Attestation

I acknowledge that:

* I must comply with all set procedures to reduce the spread of COVID-19 while participating in this study.

I attest that:

* I do not have a temperature of 100.4°F or higher, or 2 degrees higher than my normal temperature.
* In the last 3 days, I have not experienced any symptom of illness linked to COVID-19, such as cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, new loss of taste or smell, nausea, vomiting, or diarrhea.
* I do not believe I have had close contact\* with someone with a suspected and/or confirmed case of COVID-19 in the past 2 weeks.
* I have not been diagnosed with COVID-19 and not yet cleared as non-contagious by state or local public health authorities.
* I do not have any other reason to think that I may have been exposed to COVID-19.

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Print name

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Signature

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Date

\*Close contact is defined as contact closer than six feet for 10 or more minutes.