

COVID-19 Screening for Research Participants



Cold/Flu Symptoms:

1. Cough
2. Fever
3. Runny nose
4. Sore throat
5. Weakness
6. Headache

Ask:

"Do you and/or your child have any cold or flu symptoms?"

YES

NO

Ask:

1. "Have you and/or your child traveled internationally in the last 14 days?"
2. "Have you and/or your child been in contact with someone who has traveled internationally in the last 14 days and has cold or flu symptoms?"

NO

YES

They **CAN** come to the Institute for a study visit

They **CANNOT** come to the Institute for a study visit. The visit will be rescheduled for a later date.