



COVID-19 SCREENING, MITIGATION AND ASSUMPTION OF RISKS

Stanford Center for Cognitive and Neurobiological Imaging

Date: ____/____/____ Name: _____

First name

Middle initial

Last Name

DOB: ____/____/____ Sex: ☐ M ☐ F Temp (< 100°F): ☐ Y ☐ N Scan Subject: ☐ Y ☐ N

The purpose of this document is to inform all visitors to Stanford Center for Cognitive and Neurobiological Imaging (CNI) what steps will be taken to mitigate the risk of COVID-19 transmission. These precautions are deemed to reduce the risk of infection but it is important for all visitors to recognize that by increasing their contact with other individuals and physical locations, their level of risk of COVID-19 infection does increase. This form also includes COVID-19 screening questions and must be completed by all visitors.

It is important that you disclose to the CNI any indication of having been exposed to COVID-19, or whether you have experienced any signs or symptoms associated with COVID-19 disease.

COVID-19 Screening	Yes	No
Have you been fully vaccinated against COVID-19? If not, you are required to wear a mask everywhere indoors at Stanford.		
Have you recently experienced shortness of breath or had trouble breathing?		
Do you have a dry cough or sore throat?		
Have you recently lost or had a reduction in your sense of smell?		
Do you have muscle pain or fatigue?		
Have you had any recent digestive problems (diarrhea, vomiting or belly pain)?		
In the last 10 days, have you been in close contact with someone who has tested COVID-19 positive and not had a negative COVID test since?		
Have you travelled more than 150 miles from Santa Clara County in the last 10 days? If you have had a COVID negative test 5 or more days after travel, OR if you are fully vaccinated for COVID-19, answer no.		

The CNI has adopted the current guidelines in place at Stanford and consistent with the Occupational Safety and Health Administration (OSHA), requiring unvaccinated individuals to wear a mask when indoors anywhere at Stanford. The CNI COVID-19 mitigation procedures include the following components:

1. **Temperature Screening:** All visitors will be screened with a contactless thermometer for fever upon entry to CNI. Any temperature over 100-degrees is a contraindication for proceeding with the research study.
2. **COVID-19 Screening:** Many people with COVID-19 may not present with a fever. This form includes additional questions to screen for other symptoms. Stanford researchers complete similar screening questions daily. Any “Yes” reply other than to the first question (vaccination), while not being definitive of COVID-19 disease is a contraindication for proceeding with the research study.
3. **Face Coverings:** All unvaccinated visitors will receive procedural masks on entry and they must be worn at all times. In addition, all scan participants must wear a mask during the scan session even if vaccinated.
4. **Hand Sanitation:** Researchers and visitors are encouraged to practice good hand hygiene – washing their hands with soap and water or using the available hand sanitizer and to not touch their eyes, nose or mouth with unwashed hands.

I attest that the COVID-19 screening responses above are correct to the best of my knowledge. I have read and understand the contents of this form and have the opportunity to ask questions regarding the information on this form. I understand that by participating in this study and interacting with new physical locations and individuals that I am increasing my risk of COVID-19 infection. I also acknowledge that I could contract COVID-19 outside of this center and unrelated to my visit here.

Signature of Person Completing Form:

Signature: _____

Date: _____

Witness: _____