

**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 significantly 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 recently experienced shortness of breath or had trouble breathing?		
Do you have a dry cough?		
Have you recently lost or had a reduction in your sense of smell?		
Do you have muscle pain or fatigue?		
Do you have a sore throat?		
Have you had any recent digestive problems (diarrhea, vomiting or belly pain)?		
Have you recently experienced chills with or without shaking?		
Have you been in contact with someone who has tested COVID-19 positive?		
Have you been tested for COVID-19 and are positive or awaiting results?		
Have you traveled by air or cruise ship in the past 14 days?		

The CNI has implemented standard operating procedures to be followed by all researchers

using the CNI following the onset of the COVID-19 pandemic. These procedures are consistent with infection control guidelines from the Center for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA) and have been reviewed by Stanford Environmental Health and Safety and the Office of the Vice Provost and Dean of Research. The CNI COVID-19 mitigation procedures include the following components:

1. **Social Distancing:** Researchers and visitors should practice social distancing (> 6 feet of separation) at all times from individuals not in their household. In situations requiring closer proximity, a physical barrier will be present to reduce respiratory droplet spread.
2. **Temperature Screening:** All researchers and 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.
3. **COVID-19 Screening:** Many people with COVID-19 may not present with a fever. This form includes additional screening questions to ensure other possible symptoms and indicators of risk of infection are not present. Stanford researchers complete similar screening questions daily. Any "Yes" reply, while not being definitive of COVID-19 disease is a contraindication for proceeding with the research study.
4. **Face Coverings:** All researchers and visitors will receive procedural masks on entry and they must be worn at all times.
5. **Redundant Disinfection Protocols:** The MRI system and scan accessories receive thorough cleaning twice between each study using cleaning/disinfection supplies approved by the Environmental Protection Agency (EPA) for reducing risk of infection. This is completed once at the end of a scan, and again prior to starting a new scan. Commonly touched surfaces (door handles, faucets, counters, restrooms) also receive frequent cleaning.
6. **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: _____