

COVID-19 Active Screening Form

Name

Date

Yes

No

1. Have you been exposed to anyone with COVID-19 within 14 days?
2. Have you had a recent onset of cough, fever, or shortness of breath?
3. Have you had a recent loss of taste or smell?
4. Have you experienced recent chills or muscle pain?
5. Have you experienced recent vomiting, diarrhea, or sore throat?
6. Have you experienced a new fever greater than 100.4 degrees or are feeling feverish?

If answered "YES", do not allow the individual to participate in in-person human subject research activity and refer them to the Pitt County COVID-19 information hotline at 252-902-2300.