**This screening information must be completed for all research staff and participants on the day of the face-to-face study visit.**

The following information is collected to ensure that face-to-face studies are not carried out if the individuals involved or members of their household are currently experiencing any symptoms related to COVID-19. Contact details are kept in case participants or researchers, for any reason, develop symptoms so that individuals who came in close contacted can be advised.

|  |  |
| --- | --- |
| Name: Participant / Researcher |  |
| Name of Study: |  |
| Research Facility: |  |
| Contact details:Email / phone number  |  |
| Current Symptoms(select all that apply) | Fever > 37.8o or feverish symptoms: [ ]   |  Date of onset of fever: |
| Persistent cough: [ ]  | Date of onset of cough: |
| Loss of / change in sense of smell/ taste: [ ]  |
| To the best of your knowledge, does anyone from your household have any of the above symptoms? | Yes: [ ] If yes, which symptoms are they experiencing:  | No: [ ]  |

***Researchers*:** I understand that I need to contact my Department in case I develop any of the above symptoms at any point.

***For research participants*:** I understand that I need to contact the research team if I develop any of the above symptoms within 48 hours of taking part in the research study. (Contact details are provided in the Supplementary Information for Participants’.)

I understand and consent for my information to be held by the University of Oxford.

|  |  |
| --- | --- |
| Date: | Signature: |