

# CSRU TRAVEL/COVID SCREENING

PLEASE EMAIL COMPLETED FORM WITH YOUR  
RESERVATION/APPOINTMENT REQUEST FORM TO: [csrureservations@yale.edu](mailto:csrureservations@yale.edu)

Yale Center for Clinical Investigation (Brian Smith, MD, Program Director)  
CSRU, 2 Church Street So., Suite 401, New Haven, CT 06519

IF YOU HAVE ANY QUESTIONS, PLEASE CALL 203-785-7421

## PATIENT INFORMATION

MR #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name, Middle Initial: \_\_\_\_\_

## COVID SCREENING

In the last month, have you been in contact with someone who was confirmed or suspected to have COVID-19? YES \_\_\_\_\_ NO \_\_\_\_\_ UNSURE \_\_\_\_\_ UNABLE TO ASSESS \_\_\_\_\_

Do you have any of the following symptoms?

___ Shortness of breath	___ Weakness	___ Muscle pain	___ Loss of smell
___ Cough	___ Severe headache	___ Bruising or bleeding	___ Loss of taste
___ Sore throat	___ Abdominal pain	___ Joint pain	___ Unable to assess
___ Fever	___ Diarrhea	___ Rash	___ None of these
___ Chills	___ Vomiting	___ Red eye	

## TRAVEL HISTORY

Have you traveled internationally in the last month? YES \_\_\_\_\_ NO \_\_\_\_\_ UNABLE TO ASSESS \_\_\_\_\_

If yes, please list locations: \_\_\_\_\_

## Screening for Symptomatic COVID negative (-) patients

Screening for Symptomatic Covid negative (-) patients will follow the CDC recommendations. In the event a participant has previously had symptoms consistent with a COVID-19 illness, participation must adhere to the following guidelines:

1. For most adults, isolation and precautions can be discontinued 10 days after symptom onset and after resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms. Individuals who meet these criteria are allowed to participate in the research project.
2. As adults with previous severe Covid-19 illness may produce replication-competent virus beyond 10 days, isolation and precautions for 20 days after symptom onset are recommended, thereby prohibiting participation at HRU and CSRU until this time frame has lapsed.
3. Severely immunocompromised patients may produce replication-competent virus beyond 20 days and will be managed on an individual participant basis. Additional testing and consultation with infectious diseases specialists/ infection control experts.

**Thus screening will necessitate that the following questions be asked during the screening process to identify previously symptomatic participants, those who had a severe course of Covid infection, and/or severely immunocompromised individuals:**

1. If you have you experienced symptoms consistent with Covid-19 illness, on what day did you become symptomatic? (has to be  $\geq$  10 days) \_\_\_\_\_
2. If you were considered to have a moderate or severe Covid-19 course, or were you hospitalized, what day did you become symptomatic and what day were you admitted to the hospital? (has to be  $\geq$  20 days) \_\_\_\_\_
3. Are you known to be severely immunocompromised, affected by an immunodeficiency, or taking pharmacologic doses of steroids or other medications known to suppress the immune system? (consult with Dr. Carpenter prior to proceeding with participation at the HRU/CSRU) \_\_\_\_\_