COVID-19 Outpatient Trial Screening Form

Participant Information

Full Name

Date of Birth

Contact Number

Email Address

Address

Screening Questions

Date of Symptom Onset

Positive COVID-19 Test Date

Current Symptoms

Eligibility Criteria

Are you currently hospitalized?

Have you participated in another COVID-19 trial?

Medical History

Relevant Medical Conditions

Current Medications

For Staff Use Only

Screened By

Date of Screening

Eligibility Status

Comments