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Form Approved  
OMB Number 0925-XXXX  
Exp. Date: XX/XX/XXX

Study ID: \_\_\_\_\_

**CEIRS Human Influenza Surveillance Study  
Form 2A: Eligibility Checklist**

**Inclusion Criteria**

**Symptomatic Influenza Indeterminate**

*Subjects require YES to all three questions to be eligible for Symptomatic Subject*

- 1. Is the subject 18 years old or older  No  Yes
- 2. In the past 7 days, has the subject experienced any fever (needs one):
  - a. Documented fever ( $\geq 38^{\circ}\text{C}$ )  No  Yes
  - b. Report of fever  No  Yes
- 3. In the past 7 days, has the subject experienced any of the following symptoms (needs one):
  - a. Cough  No  Yes
  - b. Headache  No  Yes
  - c. Sore throat  No  Yes

**Asymptomatic Influenza Indeterminate**

*Subjects require YES to Question 1 and NO to all in Question 2 be eligible as Asymptomatic Subject*

- 1. Is the subject 18 years old or older  No  Yes
- 2. In the past 7 days, has the subject experienced any of the following symptoms:
  - a. Documented fever ( $\geq 38^{\circ}\text{C}$ )  No  Yes
  - b. Report of fever  No  Yes
  - c. Cough  No  Yes
  - d. Headache  No  Yes
  - e. Sore throat  No  Yes
  - f. Myalgia  No  Yes
  - g. Rhinorrhea / nasal congestion  No  Yes
  - h. Shortness of breath  No  Yes

**Influenza Positive**

*Subjects require YES to both questions be eligible as Influenza Positive Subject.*

- 1. Is the subject 18 years old or older  No  Yes
- 2. Has the subject tested positive for influenza test this visit?  No  Yes

Study ID: \_\_\_\_\_

**Exclusion Criteria**

*All subjects require NO for each question to be eligible.*

- |   |                             |                              |
|---|-----------------------------|------------------------------|
| 1. Unable to write or speak English                 | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Unable to provide informed consent               | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Unable to provide telephone number for follow-up | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Currently incarcerated                           | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. Previously enrolled in this study                | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

**Eligibility**

**Is the subject eligible as a Symptomatic Subject?**  No  Yes

**Is the subject eligible as an Asymptomatic Subject?**  No  Yes

**Is this subject eligible as an Influenza Positive Subject?**  No  Yes

**Consent**

**Did the subject complete the written consent form?**  No  Yes