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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