



NIH Clinical Center Screening Questionnaire

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In order to enter the NIH Clinical Center (Building 10), please answer the following questions. Share your results with the staff member at the Building 10 (NIH Clinical Center) entrance. We will not store or share your data.

In the past 48 hours, have you had a fever?

Yes

No

In the past 48 hours, have you had a cough, shortness of breath, or difficulty breathing that is new or getting worse?

Yes

No

In the past 48 hours, have you had any of these symptoms?

- New loss of taste or smell
- Nausea, vomiting, or diarrhea
- Muscle or body aches
- Headache
- Sore throat

Yes

No

Do you currently have a runny nose or congestion that is NEW?



- Nausea, vomiting, or diarrhea
- Muscle or body aches
- Headache
- Sore throat

Yes

No

Do you currently have a runny nose or congestion that is NEW?

Yes

No

In the past 20 days, have you tested positive for COVID-19?

Yes

No

In the past 20 days, has anyone in your household tested positive for COVID-19?

Yes

No

In the past 10 days, have you been advised by a public health or medical official to self-quarantine at this time because of exposure to someone with COVID-19?

Yes

No

CONTINUE

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OK to Proceed

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Please show this screen to the staff member at the NIH Clinical Center (Building 10) entrance.

Thank you for helping us protect you and others during this time.