bic
biomedical imaging center

COVID-19 History Evaluation

Date: _____

Study ID: _____

Research Group PI: _____

1. Have you ever been diagnosed with COVID-19 ? Yes ◯ No ◯

If Yes: a) Approximately when was your diagnosis ? _____ (date)

b) How was your diagnosis confirmed ?

◯ PCR Test ◯ Antibody Test ◯ Antigen (rapid) Test ◯ Other / unknown

c) Were you symptommatic ? Yes ◯ No ◯

If yes, which symptoms did you have ?

◯ Cough ◯ Tiredness ◯ Shortness of breath ◯ Fever
◯ Sore throat ◯ Loss of taste ◯ Loss of sense of smell
◯ Nausea ◯ Vomiting ◯ Diarrhea
◯ Chills ◯ Runny nose ◯ Muscle aches

d) Do you have ongoing symptoms ("long-Covid") ? Yes ◯ No ◯

If yes, which symptoms persist ?

◯ Cough ◯ Tiredness ◯ Shortness of breath
◯ Sore throat ◯ Loss of taste ◯ Loss of sense of smell
◯ Nausea ◯ Vomiting ◯ Diarrhea
◯ Chills ◯ Runny nose ◯ Muscle aches

COVID-19 Vaccination Status

1. Have you been administered a vaccine for COVID-19 ? Yes ◯ No ◯

If Yes: a) Which vaccine were you administered (if known) ?

◯ Moderna ◯ Pfizer/BioNTech ◯ Oxford-AstraZeneca ◯ Janssen (J & J)
◯ Other / unknown

b) How many doses have you received ? One ◯ Two ◯

c) When was the (approximate) date of the 1st dose ? _____ (date)

and the 2nd dose ? _____ (date)