Informed Consent COVID-19 Addendum

☐ I understand that:
  • COVID is a global pandemic
  • COVID is extremely contagious
  • People with COVID are contagious even if they do not show symptoms

☐ I understand that the following conditions put me at higher risk of COVID-19 complications:
  • Cancer
  • Chronic kidney disease
  • Chronic lung disease
  • Cardiovascular disease
  • Liver disease
  • Severe obesity
  • COPD
  • Weakened immune system
  • Asthma
  • Sickle cell disease
  • Diabetes

☐ I have not tested positive for COVID in the past two weeks.

☐ In the past two weeks, I have not had close contact with someone who suspected or knew they had COVID. (Close contact means within 6 feet for over 15 minutes.)

☐ I am not experiencing any of the COVID symptoms listed below:
  • Fever of over 100º F
  • Shortness of Breath
  • Muscle or body aches
  • New dry cough
  • Fatigue
  • Sore throat
  • Nausea or vomiting
  • New loss of taste or smell
  • Congestion or runny nose

☐ I agree to follow the researcher's instructions about how to stay safe while taking part in this study.

☐ I understand that no matter how careful we are, participating in this research involves some risk for COVID.

☐ If, in the next two weeks, I or anyone I live with has any of the COVID symptoms listed above, I will report it to the researcher immediately.

☐ I agree to participate in contact tracing after participating in this study if asked to by the researcher. Contact tracing will only be done if someone in the research study has been exposed to COVID.
I understand that the researcher might share my contact information with contact tracers. They will only do this if it might keep others from getting COVID.

I understand this contact information will not be connected to my research data and will be used only for the purpose of contact tracing.

Name of Participant: __________________________________________
Email of Participant: __________________________________________
Phone # of Participant: ________________________________________
Signature of Participant: _______________________________________
Date of Signature: ____________________________________________