**GONZAGA UNIVERSITY IRB CONSENT FORM ADDENDUM**

**For conducting human research during the COVID-19 pandemic**

**DIRECTIONS:** Fill out this form **every day** before you participate in research in person with a researcher. The researcher will keep this form along with your consent form.

**SECTION I** – **Risk assessment.** Please answer each of the following questions.

Do you have any of the following symptoms that cannot be attributed to a known health condition (for example: seasonal allergies)? Please answer by circling YES or NO.

**YES NO** Congestion or runny nose

**YES NO** Persistent cough

**YES NO** Diarrhea

**YES NO** Unexplained fatigue

**YES NO** Fever (above 100.4 degrees Fahrenheit) or chills

**YES NO** Persistent headache

**NO YES** Unexplained muscle or body aches

**NO YES** Nausea, vomiting, or diarrhea

**NO YES** New loss of taste or smell

**NO YES** Shortness of breath or difficulty breathing

**NO YES** Sore throat

**NO YES** I have been exposed to someone who has tested positive for COVID-19 in the last 14 days.

**NO YES** I, or someone in my household, has COVID-19 symptoms and is planning to get a COVID-19 test or is waiting for test results.

**NO YES** I have been told to quarantine by a Health District Representative or my personal health care provider.

If you answered YES to any of the above questions you are not eligible to participate in research in-person at this time. Cancel your research appointment and re-schedule for a later date that is at least two weeks away.

**SECTION II** – Agreements and Signature (Everyone must complete this section.)

**CHECK EACH BOX TO INDICATE THAT YOU UNDERSTAND AND AGREE.**

I understand that my participation in this study involves some risk that I may become infected.

I understand that my participation is voluntary and that I am under no obligation to participate.

I understand that I may withdraw from the study without penalty at any time for any reason.

I agree to comply with all the rules, including physical distancing and wearing a facial covering, while at the study location.

I agree to immediately report to the principal investigator if, within 2 weeks of my participation in this study, anyone in my household has COVID-19 symptoms, a positive COVID test, or been told to quarantine because of possible exposure.

I agree to participate in contact tracing if requested.

I understand that this information will be maintained by the research team and may be shared with others who are responsible for protecting the health and safety of the Gonzaga community.

­­­­­­­­­­­­­­­­­­­Printed name of participant

­­­­­­­­­­­­­­Signature of participant

­­­­­­­­­­­­­e-mail address

Phone