

**UIC College of Applied Health Sciences
POSITIVE SCREENING FOR COVID-19 LOG**

Today's date	Participant name	UI Health Medical Record Number (if applicable)	Date of birth	Phone number	Q2: Where did the person travel? (country, city & dates)	Q3: Describe any contact with person suspected of having COVID19	Q4: What Symptoms? (cough, fever, shortness of breath)

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