



COVID-19 SCREENING, MITIGATION and ASSUMPTION OF RISKS

Stanford Lucas Center for Imaging

STANFORD
UNIVERSITY



Name: _____ Date: ____/____/____ Time: _____
 First name Middle initial Last Name

DOB: ____/____/____ Sex: M F Temp: _____ (< 100.4°F Y N) Scan Subject: Y N

This document includes COVID-19 screening questions and must be completed by all visitors to the Stanford Lucas Center for Imaging (Lucas). In addition, this form explains what steps are being taken to mitigate the risk of COVID-19 transmission. While these precautions are deemed to significantly reduce the risk of infection, it is important for all visitors to recognize that by increasing their contact with other individuals and physical locations, their level of risk of COVID-19 infection does increase.

It is important that you disclose to Lucas any indication of having been exposed to COVID-19, or whether you have experienced any signs or symptoms associated with COVID-19 disease as detailed below.

Lucas has implemented standard operating procedures to be followed by all researchers using its facilities. These procedures are consistent with infection control guidelines from the Center for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA) and have been reviewed by Stanford Environmental Health and Safety and the Office of the Vice Provost and Dean of Research. The Lucas Center’s COVID-19 mitigation procedures include the following components:

1. **Social Distancing/Density:** At all times, researchers and visitors shall practice social distancing from individuals not in their household (> 6 feet of separation). The Lucas Center will adhere to University/County regulations regarding number of people allowed in building spaces. Only the minimum number of researchers necessary to perform the study are allowed. In situations requiring transient, closer proximity such as participant placement in the scanner, face shields will be employed over the mask to reduce potential respiratory droplet spread.
2. **Face Coverings:** All researchers and visitors are required to wear masks on entry to the Lucas Center (or any campus building), which must be worn at all times. Masks of operators and scan subjects will be checked for MR-compatibility and replaced if necessary. Masks **MUST** be worn by scan subjects during the scan because of the potential for disease transmission in the confined spaces of the magnet, coils, etc.
3. **Hand Sanitation:** Researchers and visitors are encouraged to practice good hand hygiene – washing their hands with soap and water and/or using the available hand sanitizer and to not touch their eyes, nose or mouth with unwashed hands.
4. **Redundant Disinfection Protocols:** The MRI systems and scan accessories receive thorough cleaning before and after each study using cleaning/disinfection supplies approved by the Environmental Protection Agency (EPA) for reducing risk of infection. This is completed once at the end of a scan session, and again prior to starting a new scan session. Commonly touched

surfaces (door handles, faucets, counters, restrooms) also receive frequent cleaning.

5. **Center Disinfection.** The lobby, hallways, bathrooms and other general access surfaces and high-touch areas are cleaned using supplies approved by the Environmental Protection Agency (EPA).
6. **COVID-19 Screening:** All visitors will be screened for fever with a contactless thermometer upon entry to Lucas. A temperature over 100.3°F is a contraindication for proceeding with the research study. Included here are screening questions to ensure that other possible symptoms and indicators of risk of infection are not present. Stanford researchers complete similar screening questions daily. Any “Yes” reply, while not being definitive of COVID-19 disease, is a contraindication for proceeding with the research study.

COVID-19 Screening	Yes	No
Have you recently experienced shortness of breath or had trouble breathing?		
Do you have a dry cough?		
Have you recently lost or had a reduction in your sense of taste or smell?		
Do you have muscle pain or fatigue?		
Do you have a sore throat?		
Have you had any recent digestive problems (diarrhea, vomiting or belly pain)?		
Have you recently experienced chills with or without shaking?		
Have you been in contact with someone who has tested COVID-19 positive? If “yes”, when was the contact? Date: _____		
Have you tested positive for COVID-19? If “yes”, when was the test administered? Date: _____		
Have you traveled outside the Northern SF Bay Area in the past 14 days? (see map https://healthalerts.stanford.edu/covid-19/travelers/)		

I attest that the COVID-19 screening responses above are correct to the best of my knowledge. I have read and understand the contents of this form and have had the opportunity to ask questions regarding the information on this form. I understand that by participating in this study and interacting with new physical locations and individuals that I am increasing my risk of COVID-19 infection. I also acknowledge that I could contract COVID-19 outside of this center and unrelated to my visit here.

Signature of Person Completing Form:

Signature: _____ Date: _____

Investigator witness: _____