

US3252638 (Prod: Centex Studies Inc)

Generated By: (b) (6)

Generated On: 26 Nov 2020 10:53:48

All time stamps listed in this document are displayed in GMT

US3252638

Form: Participant Creation

Generated On: 26 Nov 2020 10:53:48

[Participant ID](#)

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[mRNA-1273-P301 Completion Guidelines](#)

US3252638

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------|-----------------------------------------|
| Was this visit performed? | Yes <input checked="" type="radio"/> |
| | No <input type="radio"/> |
| Visit date (dd MMM yyyy) | 07 OCT 2020 |
| Was visit performed at the participant's home or at the clinic? | Home <input type="radio"/> |
| | Clinic <input checked="" type="radio"/> |
| Folder OID | SCRN |

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Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:48

| | |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Birth (MMM yyyy) | (b) (6) 1979 |
| Age | 41 |
| Age Units | YEARS |
| Age (Derived) | 41 |
| Sex | Female <input checked="" type="radio"/> Male <input type="radio"/> |
| Ethnicity | Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <input type="radio"/> Not Reported <input type="radio"/> Unknown <input type="radio"/> |
| Race (Check All That Apply) | |
| White | True |
| Black | False |
| Asian | False |
| American Indian or Alaska Native | False |
| Native Hawaiian or other Pacific Islander | False |
| Other | False |
| If race is Other, specify _____ | |
| Unknown | False |
| Not reported | False |

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Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:53:48

| | |
|-------------------------------------------------|----------------------------------------------|
| Date of Informed Consent (<i>dd MMM yyyy</i>) | 7 OCT 2020 |
| Month and Year of Informed Consent (derived) | OCT 2020 |
| Year of Informed Consent (derived) | 2020 |
| Protocol Version | Amendment 1 <input type="radio"/> |
| | Amendment 2 <input type="radio"/> |
| | Amendment 3 <input type="radio"/> |
| | Amendment 4 <input checked="" type="radio"/> |
| | Amendment 5 <input type="radio"/> |
| Was participant enrolled in the study? | Yes <input checked="" type="radio"/> |
| | No <input type="radio"/> |
| If No, indicate reason for screen fail | Withdrew Consent <input type="radio"/> |
| | Inclusion/Exclusion <input type="radio"/> |
| | Cohort Full <input type="radio"/> |
| | Other <input type="radio"/> |
| If reason for screen fail is Other, specify | |
| Was this participant screened previously? | Yes <input type="radio"/> |
| | No <input checked="" type="radio"/> |
| If Yes, previous participant number | |
| Enrollment Trigger | 1 |

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Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 10:53:48

Did the participant meet all eligibility criteria?

Yes ☒

No ☐

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Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 10:53:48

Were any significant conditions reported?

Yes ☒

No ☐

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Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:53:48

| | |
|---------------------------------------------------|------------------------------------------------------------------|
| Condition | HYSTERECTOMY |
| Start date (dd MMM yyyy) | UN UNK 2008 |
| Start date completely unknown | False |
| Condition ongoing at study entry | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| If No, please specify the stop date (dd MMM yyyy) | UN UNK 2008 |
| Stop date completely unknown | False |
| Start Month and Year (derived) | JAN 2008 |
| Start Year (derived) | 2008 |
| Stop Month and Year (derived) | JAN 2008 |
| Stop Year (derived) | 2008 |

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Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:53:48

| | |
|---------------------------------------------------|------------------------------------------------------------------|
| Condition | MENORRHAGIA |
| Start date (dd MMM yyyy) | UN UNK 2008 |
| Start date completely unknown | False |
| Condition ongoing at study entry | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| If No, please specify the stop date (dd MMM yyyy) | UN UNK 2008 |
| Stop date completely unknown | False |
| Start Month and Year (derived) | JAN 2008 |
| Start Year (derived) | 2008 |
| Stop Month and Year (derived) | JAN 2008 |
| Stop Year (derived) | 2008 |

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Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

| | |
|-------------------------------------------|--------------------------------------|
| Were vital signs assessed? | Yes <input checked="" type="radio"/> |
| | No <input type="radio"/> |
| Date of assessment (<i>dd MMM yyyy</i>) | 7 OCT 2020 |
| Time of assessment (<i>00:00-23:59</i>) | 07:47 (24 HR) |
| Vital Signs Date and Time (derived) | 7 OCT 2020 07:47 |
| Height (<i>xxx.x</i>) | 63 in |
| Weight (<i>xxx.x</i>) | 227.6 lb |
| BMI (<i>xxx.x</i>) | 40.40183 kg/m ² |
| BMI units | KG/M2 |
| Temperature (<i>xxx.x</i>) | ND - Not Done |
| Route of measurement | Oral <input type="radio"/> |
| | Axillary <input type="radio"/> |
| | Other <input type="radio"/> |
| If Other, specify | |
| Pulse (<i>xxx</i>) | ND - Not Done |
| Pulse units | BPM |
| Respiratory Rate (<i>xxx</i>) | ND - Not Done |
| Respiratory Rate units | BREATHS/MIN |
| Systolic Blood Pressure (<i>xxx</i>) | ND - Not Done |
| Systolic Blood Pressure units | MMHG |
| Diastolic Blood Pressure (<i>xxx</i>) | ND - Not Done |
| Diastolic Blood Pressure units | MMHG |
| Height (derived) | |
| Weight (derived) | |

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Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 10:53:48

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

7 OCT 2020

Any abnormal and clinically significant findings should be recorded on the Adverse Event or Medical History eCRF, as applicable.

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Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 10:53:48

| | |
|----------------------------------------------------------------------|-----------------------------------------------------|
| Date of assessment (<i>dd MMM yyyy</i>) | 7 OCT 2020 |
| Is the participant of childbearing potential? | Yes <input type="radio"/> |
| | No <input checked="" type="radio"/> |
| If No, what is the reason? | Surgically sterile <input checked="" type="radio"/> |
| | Post-menopausal <input type="radio"/> |
| | Partner medically sterile <input type="radio"/> |
| | Not reached age of Menarche <input type="radio"/> |
| | Other <input type="radio"/> |
| If Partner medically sterile or Other, specify | |
| If Surgically sterile, date of surgery (<i>dd MMM yyyy</i>) | UN UNK 2008 |
| Date of surgery unknown | False |
| If Post-menopausal, date of last menstruation (<i>dd MMM yyyy</i>) | |
| Date of last menstruation unknown | False |

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Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

Occupational Risk

Healthcare workers (e.g., doctors, nurses, dentists, hospital support staff, morgue/mortuary workers) Yes ☐ No ☒

Emergency Response (e.g., Law enforcement officers, Firefighters, emergency medical service workers) Yes ☐ No ☒

Retail or Restaurant Operations, particularly those in critical and/high-customer volume (e.g., grocery, convenience, hardware, big-box stores) Yes ☐ No ☒

Manufacturing & Production Operations with inherent overcrowding (e.g., factory workers, meat/food processing plants) Yes ☐ No ☒

Warehouse shipping and fulfillment centers and jobs (e.g., Amazon facilities) Yes ☐ No ☒

Transportation and delivery services (e.g., airlines, public transit, taxi/UBER, fed ex/UPS, postal workers) Yes ☐ No ☒

Border Protection and Military Personnel (e.g., TSA, custom and border protection agents, military personnel not social distancing) Yes ☐ No ☒

Personal Care and in-home services (e.g., barber/salon/spa, in-home repair services, electricians, plumbers, janitorial services) Yes ☐ No ☒

Hospitality and Tourism Workers (e.g., hotel, casino, amusement/theme park, entertainment, ski resorts) Yes ☐ No ☒

Pastoral, Social or Public Health Workers requiring frequent contact with community members (e.g., social workers, volunteers, religious clergy) Yes ☐ No ☒

Educators and Students (e.g., teachers, administrators, support staff, and students interacting in face-to-face school setting) Yes ☐ No ☒

Other Yes ☒ No ☐

Specify

FOOD DELIVERY

Location and Living Circumstances Risk (check all that apply)

No Risk Identified False

Resides in Nursing Home or Assisted Living Facility False

Resides in Multi-family dwelling (e.g., cohabitation in dwelling with > 5 people, includes grandparents living with children < 18yrs) False

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Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

| | |
|----------------------------------------------------------------------------------------------------------------------------------------|-------|
| Resides in high density housing (e.g., high rise apartments with shared entrances or elevators) | False |
| Resides in low density, multi-family setting without (e.g., apartments complex without shared entrances or elevators, duplexes) | False |
| Resides in a single family home (i.e., detached housing) | True |
| Other | False |
| Specify | |

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Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------|-----------------------------------------|
| Was this visit performed? | Yes <input checked="" type="radio"/> |
| | No <input type="radio"/> |
| Visit date (dd MMM yyyy) | 7 OCT 2020 |
| Was visit performed at the participant's home or at the clinic? | Home <input type="radio"/> |
| | Clinic <input checked="" type="radio"/> |
| Folder OID | VISIT1 |

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Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:53:48

What was the date of randomization? (*dd MMM yyyy*) 07 OCT 2020

What was the participant's randomization number? 147017

In what Cohort was the participant enrolled?
 >=18 and <65 years and not at risk ☐
 >=18 and <65 years and at risk ☒
 >=65 years ☐

If participant is considered at risk, please check all that apply (If any are checked as Yes, please ensure the actual condition is recorded on the Medical History form)

Chronic lung disease (eg, emphysema and chronic bronchitis, idiopathic pulmonary fibrosis and cystic fibrosis, or moderate to severe asthma) Yes ☐ No ☒

Significant cardiac disease (eg, heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension) Yes ☐ No ☒

Severe obesity (body mass index > or = 40kg/m2) Yes ☒ No ☐

Diabetes (Type I, Type 2, or gestational) Yes ☐ No ☒

Liver Disease Yes ☐ No ☒

Human Immunodeficiency Virus (HIV) infection Yes ☐ No ☒

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Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:53:48

| | |
|--------|---------------|
| Height | ND - Not Done |
| Weight | ND - Not Done |

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Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:48

| | |
|-------------------------------------|--------------------------------------------------------------------------------------------------------|
| Height | ND - Not Done |
| Weight | ND - Not Done |
| Timepoint | Pre-Dose <input checked="" type="radio"/> Post-Dose <input type="radio"/> |
| Were vital signs assessed? | Yes <input checked="" type="radio"/> No <input type="radio"/> |
| Date of assessment (dd MMM yyyy) | 7 OCT 2020 |
| Time of assessment (00:00-23:59) | 07:47 (24 HR) |
| Vital Signs Date and Time (derived) | 7 OCT 2020 07:47 |
| Temperature (xxx.x) | 98.0 F |
| Route of measurement | Oral <input checked="" type="radio"/> Axillary <input type="radio"/> Other <input type="radio"/> |
| If Other, specify | |
| Pulse (xxx) | 92 beats/min |
| Pulse units | BPM |
| Respiratory Rate (xxx) | 15 breaths/min |
| Respiratory Rate units | BREATHS/MIN |
| Systolic Blood Pressure (xxx) | 115 mmHg |
| Systolic Blood Pressure units | MMHG |
| Diastolic Blood Pressure (xxx) | 85 mmHg |
| Diastolic Blood Pressure units | MMHG |

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Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:48

| | |
|-------------------------------------|--------------------------------------------------------------------------------------------------------|
| Height | ND - Not Done |
| Weight | ND - Not Done |
| Timepoint | Pre-Dose <input type="radio"/> Post-Dose <input checked="" type="radio"/> |
| Were vital signs assessed? | Yes <input checked="" type="radio"/> No <input type="radio"/> |
| Date of assessment (dd MMM yyyy) | 7 OCT 2020 |
| Time of assessment (00:00-23:59) | 09:21 (24 HR) |
| Vital Signs Date and Time (derived) | 7 OCT 2020 09:21 |
| Temperature (xxx.x) | 97.4 F |
| Route of measurement | Oral <input checked="" type="radio"/> Axillary <input type="radio"/> Other <input type="radio"/> |
| If Other, specify | |
| Pulse (xxx) | 87 beats/min |
| Pulse units | BPM |
| Respiratory Rate (xxx) | 16 breaths/min |
| Respiratory Rate units | BREATHS/MIN |
| Systolic Blood Pressure (xxx) | 121 mmHg |
| Systolic Blood Pressure units | MMHG |
| Diastolic Blood Pressure (xxx) | 80 mmHg |
| Diastolic Blood Pressure units | MMHG |

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Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 10:53:48

Was the physical examination performed?

Yes ☐

No ☒

Date of examination (dd MMM yyyy)

Any abnormal and clinically significant findings should be recorded on the Adverse Event or Medical History eCRF, as applicable.

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Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:53:48

| | |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Was study treatment given? | Yes <input checked="" type="radio"/> |
| | No <input type="radio"/> |
| If No, reason not given | Participant declined due to Adverse Event <input type="radio"/> |
| | Physician withheld dose due to Adverse Event <input type="radio"/> |
| | Death <input type="radio"/> |
| | Lost To Follow-Up <input type="radio"/> |
| | Physician Decision <input type="radio"/> |
| | Pregnancy <input type="radio"/> |
| | Protocol Deviation <input type="radio"/> |
| | Study Terminated by Sponsor <input type="radio"/> |
| | Withdrawal of Consent by Participant <input type="radio"/> |
| | Confirmed COVID-19 <input type="radio"/> |
| | Other <input type="radio"/> |
| If reason is Physician Decision, Withdrawal of Consent by Participant, Protocol Deviation, or Other, specify | |
| What was the study treatment? | MRNA-1273 OR PLACEBO |
| What was the treatment date? (dd MMM yyyy) | 07 OCT 2020 |
| What was the treatment time? (00:00-23:59) | 08:51 (24 HR) |
| Treatment Date and Time (derived) | 07 OCT 2020 08:51 |
| Which arm was used to give treatment? | Left Arm <input checked="" type="radio"/> |
| | Right Arm <input type="radio"/> |
| What was the frequency of the study treatment dosing? | ONCE |
| What was the route of administration for the study treatment? | INTRAMUSCULAR |

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Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:53:48

| | |
|----------------------------------------|--------------------------------------|
| Was the sample collected? | Yes <input checked="" type="radio"/> |
| | No <input type="radio"/> |
| Collection date (<i>dd MMM yyyy</i>) | 7 OCT 2020 |
| Collection time (<i>00:00-23:59</i>) | 08:38 (24 HR) |
| Collection date and time (derived) | 7 OCT 2020 08:38 |

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Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 10:53:48

| Collection date (dd MMM yyyy) | | | 7 OCT 2020 |
|-------------------------------|---------------------------|---------------------------------|------------------------------------|
| Lab Test | Was the sample collected? | Collection time (00:00 - 23:59) | Collection date and time (derived) |
| Nasopharyngeal Swab 1 | Yes | 08:15 | 7 OCT 2020 08:15 |
| Nasopharyngeal Swab 2 | No | | |

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Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 10:53:48

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 1, 30 MINUTES AFTER
VACCINATION (AT STUDY
CLINIC)

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.4 °F

Was any **MEDICATION TAKEN** today for pain or fever?

Yes ☐

No ☒

Please confirm reason for pain or fever medication (may select more than one):

PC Time Stamp

07 OCT 2020 09:20

PC Open Date & Time

07 OCT 2020 09:11

PC Close Date & Time

07 OCT 2020 11:41

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 1, AFTER VACCINATION
(AT HOME)

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken? Yes ☒ No ☐

Please record your **TEMPERATURE** in °F 98.3 °F

Was any **MEDICATION TAKEN today for pain or fever?** Yes ☐ No ☒

Please confirm reason for pain or fever medication (may select more than one):

| | |
|----------------------|-------------------|
| PC Time Stamp | 07 OCT 2020 13:08 |
| PC Open Date & Time | 07 OCT 2020 12:36 |
| PC Close Date & Time | 08 OCT 2020 11:59 |

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 2

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

98.9 °F

Was any **MEDICATION TAKEN today for pain or fever?**

Yes ☐

No ☒

Please confirm reason for pain or fever medication (may select more than one):

PC Time Stamp

08 OCT 2020 12:52

PC Open Date & Time

08 OCT 2020 12:00

PC Close Date & Time

09 OCT 2020 11:59

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 3

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

99.9 °F

Was any **MEDICATION TAKEN** today for pain or fever?

Yes ☐

No ☒

Please confirm reason for pain or fever medication (may select more than one):

PC Time Stamp

09 OCT 2020 12:35

PC Open Date & Time

09 OCT 2020 12:00

PC Close Date & Time

10 OCT 2020 11:59

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 4

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

99.2 °F

Was any **MEDICATION TAKEN** today for pain or fever?

Yes ☐

No ☒

Please confirm reason for pain or fever medication (may select more than one):

PC Time Stamp

10 OCT 2020 18:14

PC Open Date & Time

10 OCT 2020 12:00

PC Close Date & Time

11 OCT 2020 11:59

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 5

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

99.9 °F

Was any **MEDICATION TAKEN today for pain or fever?**

Yes ☐

No ☒

Please confirm reason for pain or fever medication (may select more than one):

PC Time Stamp

11 OCT 2020 12:00

PC Open Date & Time

11 OCT 2020 12:00

PC Close Date & Time

12 OCT 2020 11:59

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 6

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

98.3 °F

Was any **MEDICATION TAKEN today for pain or fever?**

Yes ☐

No ☒

Please confirm reason for pain or fever medication (may select more than one):

PC Time Stamp

12 OCT 2020 12:40

PC Open Date & Time

12 OCT 2020 12:00

PC Close Date & Time

13 OCT 2020 11:59

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 7

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

98.3 °F

Was any **MEDICATION TAKEN** today for pain or fever?

Yes ☐

No ☒

Please confirm reason for pain or fever medication (may select more than one):

PC Time Stamp

13 OCT 2020 12:05

PC Open Date & Time

13 OCT 2020 12:00

PC Close Date & Time

14 OCT 2020 11:59

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 1, 30 MINUTES AFTER
VACCINATION (AT STUDY
CLINIC)

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

None ☒

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

Please select one response below

None ☒

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

07 OCT 2020 09:20

PC Open Date & Time

07 OCT 2020 09:11

PC Close Date & Time

07 OCT 2020 11:41

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 1, AFTER VACCINATION
(AT HOME)

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

None ☒

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

Please select one response below

None ☒

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

07 OCT 2020 13:08

PC Open Date & Time

07 OCT 2020 12:36

PC Close Date & Time

08 OCT 2020 11:59

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 2

Please record - **PAIN AT INJECTION SITE.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

08 OCT 2020 12:52

PC Open Date & Time

08 OCT 2020 12:00

PC Close Date & Time

09 OCT 2020 11:59

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 3

Please record - **PAIN AT INJECTION SITE.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

09 OCT 2020 12:36

PC Open Date & Time

09 OCT 2020 12:00

PC Close Date & Time

10 OCT 2020 11:59

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 4

Please record - **PAIN AT INJECTION SITE.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

10 OCT 2020 18:15

PC Open Date & Time

10 OCT 2020 12:00

PC Close Date & Time

11 OCT 2020 11:59

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 5

Please record - **PAIN AT INJECTION SITE.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

11 OCT 2020 12:00

PC Open Date & Time

11 OCT 2020 12:00

PC Close Date & Time

12 OCT 2020 11:59

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 6

Please record - **PAIN AT INJECTION SITE.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

12 OCT 2020 12:41

PC Open Date & Time

12 OCT 2020 12:00

PC Close Date & Time

13 OCT 2020 11:59

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 7

Please record - **PAIN AT INJECTION SITE.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

13 OCT 2020 12:05

PC Open Date & Time

13 OCT 2020 12:00

PC Close Date & Time

14 OCT 2020 11:59

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 1, 30 MINUTES AFTER
VACCINATION (AT STUDY
CLINIC)

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

Yes ☐

| | |
|----------------------|-------------------|
| PC Time stamp | 07 OCT 2020 09:21 |
| PC Open Date & Time | 07 OCT 2020 09:11 |
| PC Close Date & Time | 07 OCT 2020 11:41 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 1, AFTER VACCINATION
(AT HOME)

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

Yes ☐

| | |
|----------------------|-------------------|
| PC Time stamp | 07 OCT 2020 13:09 |
| PC Open Date & Time | 07 OCT 2020 12:36 |
| PC Close Date & Time | 08 OCT 2020 11:59 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 2

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:48

| | |
|------------------------------|-------------------|
| Yes <input type="checkbox"/> | |
| PC Time stamp | 08 OCT 2020 12:53 |
| PC Open Date & Time | 08 OCT 2020 12:00 |
| PC Close Date & Time | 09 OCT 2020 11:59 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 3

HEADACHE

None ☐

No interference with activity ☒

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:48

| | |
|------------------------------|-------------------|
| Yes <input type="checkbox"/> | |
| PC Time stamp | 09 OCT 2020 12:37 |
| PC Open Date & Time | 09 OCT 2020 12:00 |
| PC Close Date & Time | 10 OCT 2020 11:59 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 4

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:48

| | |
|------------------------------|-------------------|
| Yes <input type="checkbox"/> | |
| PC Time stamp | 10 OCT 2020 18:16 |
| PC Open Date & Time | 10 OCT 2020 12:00 |
| PC Close Date & Time | 11 OCT 2020 11:59 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 5

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:48

| | |
|------------------------------|-------------------|
| Yes <input type="checkbox"/> | |
| PC Time stamp | 11 OCT 2020 12:01 |
| PC Open Date & Time | 11 OCT 2020 12:00 |
| PC Close Date & Time | 12 OCT 2020 11:59 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 6

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:48

| | |
|------------------------------|-------------------|
| Yes <input type="checkbox"/> | |
| PC Time stamp | 12 OCT 2020 12:41 |
| PC Open Date & Time | 12 OCT 2020 12:00 |
| PC Close Date & Time | 13 OCT 2020 11:59 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 7

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:48

| | |
|------------------------------|-------------------|
| Yes <input type="checkbox"/> | |
| PC Time stamp | 13 OCT 2020 12:06 |
| PC Open Date & Time | 13 OCT 2020 12:00 |
| PC Close Date & Time | 14 OCT 2020 11:59 |

US3252638

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:48

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (*dd MMM yyyy*)

14 OCT 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3252638

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:48

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3252638

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:48

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (*dd MMM yyyy*)

21 OCT 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3252638

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:48

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3252638

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:48

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (*dd MMM yyyy*)

28 OCT 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3252638

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:48

Is the participant continuing to the next visit?

Yes ☐

No ☒

Continuing Flag

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 61 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------|-------------------|
| Date and time of submission | |
| Patient Cloud Open Date & Time | 04 DEC 2020 00:01 |
| Patient Cloud Close Date & Time | 08 DEC 2020 23:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 68 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------|-------------------|
| Date and time of submission | |
| Patient Cloud Open Date & Time | 11 DEC 2020 00:01 |
| Patient Cloud Close Date & Time | 15 DEC 2020 23:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 75 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

18 DEC 2020 00:01

[Patient Cloud Close Date & Time](#)

22 DEC 2020 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 82 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------|-------------------|
| Date and time of submission | |
| Patient Cloud Open Date & Time | 25 DEC 2020 00:01 |
| Patient Cloud Close Date & Time | 29 DEC 2020 23:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 89 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------|-------------------|
| Date and time of submission | |
| Patient Cloud Open Date & Time | 01 JAN 2021 00:01 |
| Patient Cloud Close Date & Time | 05 JAN 2021 23:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 96 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

08 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

12 JAN 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 103 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

15 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

19 JAN 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 110 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

22 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

26 JAN 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 117 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------|-------------------|
| Date and time of submission | |
| Patient Cloud Open Date & Time | 29 JAN 2021 00:01 |
| Patient Cloud Close Date & Time | 02 FEB 2021 23:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 124 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

05 FEB 2021 00:01

[Patient Cloud Close Date & Time](#)

09 FEB 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 131 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------|-------------------|
| Date and time of submission | |
| Patient Cloud Open Date & Time | 12 FEB 2021 00:01 |
| Patient Cloud Close Date & Time | 16 FEB 2021 23:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 138

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------|-------------------|
| Date and time of submission | |
| Patient Cloud Open Date & Time | 19 FEB 2021 00:01 |
| Patient Cloud Close Date & Time | 23 FEB 2021 23:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 145 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

26 FEB 2021 00:01

[Patient Cloud Close Date & Time](#)

02 MAR 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 152 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

05 MAR 2021 00:01

[Patient Cloud Close Date & Time](#)

09 MAR 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 159

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------|-------------------|
| Date and time of submission | |
| Patient Cloud Open Date & Time | 12 MAR 2021 00:01 |
| Patient Cloud Close Date & Time | 16 MAR 2021 23:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 166 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

19 MAR 2021 00:01

[Patient Cloud Close Date & Time](#)

23 MAR 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 173

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

26 MAR 2021 00:01

[Patient Cloud Close Date & Time](#)

30 MAR 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 180 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

02 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

06 APR 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 187

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

09 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

13 APR 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 194 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------|-------------------|
| Date and time of submission | |
| Patient Cloud Open Date & Time | 16 APR 2021 00:01 |
| Patient Cloud Close Date & Time | 20 APR 2021 23:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 201 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

23 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

27 APR 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 208

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

30 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

04 MAY 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 215

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

07 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

11 MAY 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 222

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

14 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

18 MAY 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 229

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------|-------------------|
| Date and time of submission | |
| Patient Cloud Open Date & Time | 21 MAY 2021 00:01 |
| Patient Cloud Close Date & Time | 25 MAY 2021 23:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 236 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

28 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

01 JUN 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 243 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

04 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

08 JUN 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 250 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

11 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

15 JUN 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 257

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

18 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

22 JUN 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 264 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

25 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

29 JUN 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 271

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

02 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

06 JUL 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 278 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

09 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

13 JUL 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 285 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

16 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

20 JUL 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 292

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

23 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

27 JUL 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 299 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

30 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

03 AUG 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 306

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

06 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

10 AUG 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 313

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

| | |
|----------------------------------------------------|-------------------|
| Patient Cloud Open Date & Time | 13 AUG 2021 00:01 |
|----------------------------------------------------|-------------------|

| | |
|-----------------------------------------------------|-------------------|
| Patient Cloud Close Date & Time | 17 AUG 2021 23:59 |
|-----------------------------------------------------|-------------------|

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 320 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

20 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

24 AUG 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 327

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

27 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

31 AUG 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 334 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

03 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

07 SEP 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 341 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

10 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

14 SEP 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 348 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

17 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

21 SEP 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 355

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

24 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

28 SEP 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 362 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------|-------------------|
| Date and time of submission | |
| Patient Cloud Open Date & Time | 01 OCT 2021 00:01 |
| Patient Cloud Close Date & Time | 05 OCT 2021 23:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 369

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

08 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

12 OCT 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 376

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

15 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

19 OCT 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 383 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------|-------------------|
| Date and time of submission | |
| Patient Cloud Open Date & Time | 22 OCT 2021 00:01 |
| Patient Cloud Close Date & Time | 26 OCT 2021 23:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 390

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

29 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

02 NOV 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 397

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

05 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

09 NOV 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 404 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
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| | |
|-----------------------------------------------------|-------------------|
| Date and time of submission | |
| Patient Cloud Open Date & Time | 12 NOV 2021 00:01 |
| Patient Cloud Close Date & Time | 16 NOV 2021 23:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 411 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

19 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

23 NOV 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 418 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

26 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

30 NOV 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 425

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?

No ☐

Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?

No ☐

Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?

No ☐

Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)

Chills

Cough

Shortness of breath

Difficulty breathing

Fatigue

Muscle aches

Body aches

Headache

New loss of taste

New loss of smell

Sore throat

Congestion

Runny nose

Nausea

Vomiting

Diarrhea

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?

No ☐

Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

03 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

07 DEC 2021 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 432

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------|-------------------|
| Date and time of submission | |
| Patient Cloud Open Date & Time | 10 DEC 2021 00:01 |
| Patient Cloud Close Date & Time | 14 DEC 2021 23:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 439 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------|-------------------|
| Date and time of submission | |
| Patient Cloud Open Date & Time | 17 DEC 2021 00:01 |
| Patient Cloud Close Date & Time | 21 DEC 2021 23:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 446 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------|-------------------|
| Date and time of submission | |
| Patient Cloud Open Date & Time | 24 DEC 2021 00:01 |
| Patient Cloud Close Date & Time | 28 DEC 2021 23:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 453

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

31 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

04 JAN 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 460 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

07 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

11 JAN 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 467 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

14 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

18 JAN 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 474

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

21 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

25 JAN 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 481 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

28 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

01 FEB 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 488

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

04 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

08 FEB 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 495 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

11 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

15 FEB 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 502

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

18 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

22 FEB 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 509

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

25 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

01 MAR 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 516

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

04 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

08 MAR 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 523

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------|-------------------|
| Date and time of submission | |
| Patient Cloud Open Date & Time | 11 MAR 2022 00:01 |
| Patient Cloud Close Date & Time | 15 MAR 2022 23:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 530

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

18 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

22 MAR 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 537

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
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Date and time of submission

[Patient Cloud Open Date & Time](#)

25 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

29 MAR 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 544

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
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Date and time of submission

[Patient Cloud Open Date & Time](#)

01 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

05 APR 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 551

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

08 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

12 APR 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 558

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

15 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

19 APR 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 565

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
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|-----------------------------------------------------|-------------------|
| Date and time of submission | |
| Patient Cloud Open Date & Time | 22 APR 2022 00:01 |
| Patient Cloud Close Date & Time | 26 APR 2022 23:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 572

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

29 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

03 MAY 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 579

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
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Date and time of submission

[Patient Cloud Open Date & Time](#)

06 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

10 MAY 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 586

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

13 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

17 MAY 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 593

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

20 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

24 MAY 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 600 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

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| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

27 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

31 MAY 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 607 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

03 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

07 JUN 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 614 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

10 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

14 JUN 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 621 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

17 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

21 JUN 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 628

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

24 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

28 JUN 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 635 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

01 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

05 JUL 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 642

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
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Date and time of submission

[Patient Cloud Open Date & Time](#)

08 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

12 JUL 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 649

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

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|-----------------------------------------------------|-------------------|
| Date and time of submission | |
| Patient Cloud Open Date & Time | 15 JUL 2022 00:01 |
| Patient Cloud Close Date & Time | 19 JUL 2022 23:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 656

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

22 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

26 JUL 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 663

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

29 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

02 AUG 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 670

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

05 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

09 AUG 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 677

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

12 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

16 AUG 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 684

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

19 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

23 AUG 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 691 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

26 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

30 AUG 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 698

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

02 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

06 SEP 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 705 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

09 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

13 SEP 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 712 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------|-------------------|
| Date and time of submission | |
| Patient Cloud Open Date & Time | 16 SEP 2022 00:01 |
| Patient Cloud Close Date & Time | 20 SEP 2022 23:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 719 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

23 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

27 SEP 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 726 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

30 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

04 OCT 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 733 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

07 OCT 2022 00:01

[Patient Cloud Close Date & Time](#)

11 OCT 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 740 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------|-------------------|
| Date and time of submission | |
| Patient Cloud Open Date & Time | 14 OCT 2022 00:01 |
| Patient Cloud Close Date & Time | 18 OCT 2022 23:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 747

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------|-------------------|
| Date and time of submission | |
| Patient Cloud Open Date & Time | 21 OCT 2022 00:01 |
| Patient Cloud Close Date & Time | 25 OCT 2022 23:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 754 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

28 OCT 2022 00:01

[Patient Cloud Close Date & Time](#)

01 NOV 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 761 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

04 NOV 2022 00:01

[Patient Cloud Close Date & Time](#)

08 NOV 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 768 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="radio"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="radio"/> Yes <input type="radio"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

11 NOV 2022 00:01

[Patient Cloud Close Date & Time](#)

15 NOV 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 775

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

18 NOV 2022 00:01

[Patient Cloud Close Date & Time](#)

22 NOV 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 782

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

25 NOV 2022 00:01

[Patient Cloud Close Date & Time](#)

29 NOV 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

DAY 789

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

02 DEC 2022 00:01

[Patient Cloud Close Date & Time](#)

06 DEC 2022 23:59

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| TIMEPOINT | DAY 796 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Please identify below which symptoms you have experienced or are experiencing (Check all that apply): | |
| Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) | <input type="checkbox"/> |
| Chills | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> |
| Difficulty breathing | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Muscle aches | <input type="checkbox"/> |
| Body aches | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| New loss of taste | <input type="checkbox"/> |
| New loss of smell | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Congestion | <input type="checkbox"/> |
| Runny nose | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
| Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. | I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Date and time of submission

[Patient Cloud Open Date & Time](#)

09 DEC 2022 00:01

[Patient Cloud Close Date & Time](#)

13 DEC 2022 23:59

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:53:48

| | |
|--------------------------------------------------|-----------------------------------------------------------|
| Date of Contact | 28 OCT 2020 |
| Time of Contact | 15:35 |
| Date and Time of Contact (derived) | 28 OCT 2020 15:35 |
| Type of Contact | Clinic Visit - Scheduled <input checked="" type="radio"/> |
| | Clinical Visit - Unscheduled <input type="radio"/> |
| | Safety Call <input type="radio"/> |
| | Convalescent Tele-visit <input type="radio"/> |
| Has the subject reported symptoms of SARS-COV-2? | Yes <input checked="" type="radio"/> |
| | No <input type="radio"/> |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

Symptom Day

| | |
|--------|-------------------------------------|
| Day 1 | <input checked="" type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 24 OCT 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | | |
| O2 Saturation Units | | |
| Temperature | | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input type="radio"/> |
| v6.020 DTW (1102) | 276 of 2118 | |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

| | | |
|------------------------|----------|----------------------------------|
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Muscle Aches (Myalgia) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Body Aches | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Headache | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Taste | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Smell | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nasal Congestion | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|-------------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Nausea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Vomiting | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Diarrhea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Sore Throat | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

Symptom Day

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input checked="" type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 25 OCT 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | | |
| O2 Saturation Units | | |
| Temperature | | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input type="radio"/> |
| v6.020 DTW (1102) | 280 of 2118 | |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

| | | |
|------------------------|----------|----------------------------------|
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Muscle Aches (Myalgia) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Body Aches | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Headache | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Taste | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Smell | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nasal Congestion | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|-------------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input checked="" type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Nausea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Vomiting | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Diarrhea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Sore Throat | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

Symptom Day

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input checked="" type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 26 OCT 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | | |
| O2 Saturation Units | | |
| Temperature | | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input type="radio"/> |
| v6.020 DTW (1102) | 284 of 2118 | |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

| | | |
|------------------------|----------|----------------------------------|
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| <hr/> | | |
| Muscle Aches (Myalgia) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| <hr/> | | |
| Body Aches | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| <hr/> | | |
| Headache | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| <hr/> | | |
| New Loss of Taste | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| <hr/> | | |
| New Loss of Smell | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| <hr/> | | |
| Nasal Congestion | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|-------------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Nausea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Vomiting | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Diarrhea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Sore Throat | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input checked="" type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 27 OCT 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | | |
| O2 Saturation Units | | |
| Temperature | | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input checked="" type="radio"/> |
| v6.020 DTW (1102) | 288 of 2118 | |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

| | | |
|------------------------|----------|----------------------------------|
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Muscle Aches (Myalgia) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Body Aches | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Headache | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Taste | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Smell | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nasal Congestion | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|-------------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Nausea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Vomiting | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Diarrhea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Sore Throat | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input checked="" type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 28 OCT 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 98 % | |
| O2 Saturation Units | % | |
| Temperature | 99.9 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input type="radio"/> |
| v6.020 DTW (1102) | 292 of 2118 | |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

| | | |
|------------------------|----------|----------------------------------|
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Muscle Aches (Myalgia) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Body Aches | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Headache | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Taste | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Smell | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nasal Congestion | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|-------------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Nausea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Vomiting | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Diarrhea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Sore Throat | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

Symptom Day

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input checked="" type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|-------------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 29 OCT 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 96 % | |
| O2 Saturation Units | % | |
| Temperature | 100.2 F | |
| Chills | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Cough | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Shortness of Breath | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Difficulty Breathing | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Fatigue | None | <input type="checkbox"/> |
| v6.020 DTW (1102) | 296 of 2118 | |

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Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

| | | |
|------------------------|----------|----------------------------------|
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Muscle Aches (Myalgia) | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Body Aches | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Headache | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Taste | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Smell | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nasal Congestion | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |

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Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|-------------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Nausea | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Vomiting | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Diarrhea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Sore Throat | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

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Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input checked="" type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 30 OCT 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 98 % | |
| O2 Saturation Units | % | |
| Temperature | 97.3 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input type="radio"/> |
| v6.020 DTW (1102) | 300 of 2118 | |

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Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

| | | |
|------------------------|----------|----------------------------------|
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Muscle Aches (Myalgia) | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Body Aches | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Headache | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Taste | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Smell | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nasal Congestion | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|----------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nausea | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Vomiting | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Diarrhea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Sore Throat | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

Symptom Day

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input checked="" type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 31 OCT 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 94 % | |
| O2 Saturation Units | % | |
| Temperature | 98.4 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input type="radio"/> |
| v6.020 DTW (1102) | 304 of 2118 | |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

| | | |
|------------------------|----------|----------------------------------|
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Muscle Aches (Myalgia) | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Body Aches | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Headache | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Taste | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Smell | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nasal Congestion | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |

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Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|----------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nausea | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Vomiting | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Diarrhea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Sore Throat | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input checked="" type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 1 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 97 % | |
| O2 Saturation Units | % | |
| Temperature | 98.4 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input type="radio"/> |
| v6.020 DTW (1102) | 308 of 2118 | |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

| | | |
|------------------------|----------|-------------------------------------|
| | Mild | <input type="checkbox"/> |
| | Moderate | <input checked="" type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Muscle Aches (Myalgia) | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Body Aches | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Headache | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| New Loss of Taste | None | <input type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input checked="" type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| New Loss of Smell | None | <input type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input checked="" type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Nasal Congestion | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |

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Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|----------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nausea | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Vomiting | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Diarrhea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Sore Throat | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input checked="" type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 2 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 98 % | |
| O2 Saturation Units | % | |
| Temperature | 99.9 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input type="radio"/> |
| v6.020 DTW (1102) | 312 of 2118 | |

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Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

| | | |
|------------------------|----------|----------------------------------|
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Muscle Aches (Myalgia) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Body Aches | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Headache | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Taste | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Smell | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nasal Congestion | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |

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Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|----------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nausea | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Vomiting | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Diarrhea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Sore Throat | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

Symptom Day

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input checked="" type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 03 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 97 % | |
| O2 Saturation Units | % | |
| Temperature | 100.3 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input type="radio"/> |
| v6.020 DTW (1102) | 316 of 2118 | |

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Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

| | | |
|------------------------|----------|----------------------------------|
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Muscle Aches (Myalgia) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Body Aches | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Headache | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Taste | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Smell | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nasal Congestion | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|-------------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Nausea | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Vomiting | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Diarrhea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Sore Throat | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input checked="" type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 04 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 98 % | |
| O2 Saturation Units | % | |
| Temperature | 100.0 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input checked="" type="radio"/> |
| v6.020 DTW (1102) | 320 of 2118 | |

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Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

| | | |
|--|----------|--------------------------|
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|------------------------|----------|-------------------------------------|
| Muscle Aches (Myalgia) | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|------------|----------|-------------------------------------|
| Body Aches | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|----------|----------|-------------------------------------|
| Headache | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|-------------------|----------|-------------------------------------|
| New Loss of Taste | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|-------------------|----------|-------------------------------------|
| New Loss of Smell | None | <input type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input checked="" type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|------------------|----------|-------------------------------------|
| Nasal Congestion | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |

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Form: Symptom Log (12)

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| | | |
|-------------------------|----------|----------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nausea | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Vomiting | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Diarrhea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Sore Throat | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

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Form: Symptom Log (13)

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Symptom Day

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input checked="" type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 05 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 99 % | |
| O2 Saturation Units | % | |
| Temperature | 99.9 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input type="radio"/> |
| v6.020 DTW (1102) | 324 of 2118 | |

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Form: Symptom Log (13)

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| | | |
|------------------------|----------|----------------------------------|
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Muscle Aches (Myalgia) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Body Aches | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Headache | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Taste | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Smell | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nasal Congestion | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |

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Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|-------------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Nausea | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Vomiting | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Diarrhea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Sore Throat | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

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Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input checked="" type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|-------------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 06 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 97 % | |
| O2 Saturation Units | % | |
| Temperature | 100.1 F | |
| Chills | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Cough | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Shortness of Breath | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Difficulty Breathing | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Fatigue | None | <input type="checkbox"/> |
| v6.020 DTW (1102) | 328 of 2118 | |

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Form: Symptom Log (14)

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| | | |
|------------------------|----------|----------------------------------|
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Muscle Aches (Myalgia) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Body Aches | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Headache | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Taste | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Smell | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nasal Congestion | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |

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Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|----------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nausea | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Vomiting | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Diarrhea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Sore Throat | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

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Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input checked="" type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|-------------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 07 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 95 % | |
| O2 Saturation Units | % | |
| Temperature | 100.6 F | |
| Chills | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Cough | None | <input type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input checked="" type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Shortness of Breath | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Difficulty Breathing | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Fatigue | None | <input type="checkbox"/> |
| v6.020 DTW (1102) | 332 of 2118 | |

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Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

| | | |
|------------------------|----------|----------------------------------|
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Muscle Aches (Myalgia) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Body Aches | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Headache | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Taste | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Smell | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nasal Congestion | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|-------------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Nausea | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Vomiting | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Diarrhea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Sore Throat | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

Symptom Day

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input checked="" type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|-------------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 08 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 94 % | |
| O2 Saturation Units | % | |
| Temperature | 98.7 F | |
| Chills | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Cough | None | <input type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input checked="" type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Shortness of Breath | None | <input type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input checked="" type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Difficulty Breathing | None | <input type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input checked="" type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Fatigue | None | <input type="checkbox"/> |
| v6.020 DTW (1102) | 336 of 2118 | |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

| | | |
|------------------------|----------|----------------------------------|
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Muscle Aches (Myalgia) | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Body Aches | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Headache | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Taste | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Smell | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nasal Congestion | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |

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Form: Symptom Log (16)

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| | | |
|-------------------------|----------|-------------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Nausea | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Vomiting | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Diarrhea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Sore Throat | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input checked="" type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 09 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 95 % | |
| O2 Saturation Units | % | |
| Temperature | 98.9 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input type="radio"/> |
| v6.020 DTW (1102) | 340 of 2118 | |

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Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

| | | |
|------------------------|----------|----------------------------------|
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Muscle Aches (Myalgia) | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Body Aches | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Headache | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Taste | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Smell | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nasal Congestion | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |

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Form: Symptom Log (17)

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| | | |
|-------------------------|----------|----------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nausea | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Vomiting | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Diarrhea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Sore Throat | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input checked="" type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 10 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 98 % | |
| O2 Saturation Units | % | |
| Temperature | 98.4 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input checked="" type="radio"/> |
| v6.020 DTW (1102) | 344 of 2118 | |

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Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

| | | |
|--|----------|-----------------------|
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|------------------------|----------|----------------------------------|
| Muscle Aches (Myalgia) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|------------|----------|----------------------------------|
| Body Aches | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|----------|----------|----------------------------------|
| Headache | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|-------------------|----------|----------------------------------|
| New Loss of Taste | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|-------------------|----------|----------------------------------|
| New Loss of Smell | None | <input type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input checked="" type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|------------------|----------|----------------------------------|
| Nasal Congestion | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |

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Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|-------------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Nausea | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Vomiting | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Diarrhea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Sore Throat | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

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Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input checked="" type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 11 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 97 % | |
| O2 Saturation Units | % | |
| Temperature | 98.9 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input checked="" type="radio"/> |
| v6.020 DTW (1102) | 348 of 2118 | |

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Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

| | | |
|------------------------|----------|-------------------------------------|
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Muscle Aches (Myalgia) | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Body Aches | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Headache | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| New Loss of Taste | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| New Loss of Smell | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Nasal Congestion | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|-------------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Nausea | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Vomiting | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Diarrhea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Sore Throat | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input checked="" type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 12 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 97 % | |
| O2 Saturation Units | % | |
| Temperature | 99.0 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input type="radio"/> |
| v6.020 DTW (1102) | 352 of 2118 | |

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Form: Symptom Log (20)

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| | | |
|------------------------|----------|----------------------------------|
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Muscle Aches (Myalgia) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Body Aches | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Headache | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Taste | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Smell | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nasal Congestion | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |

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Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|-------------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Nausea | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Vomiting | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Diarrhea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Sore Throat | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

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Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

Symptom Day

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input checked="" type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 13 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 96 % | |
| O2 Saturation Units | % | |
| Temperature | 98.9 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input checked="" type="radio"/> |
| v6.020 DTW (1102) | 356 of 2118 | |

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Form: Symptom Log (21)

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| | | |
|--|----------|--------------------------|
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|------------------------|----------|-------------------------------------|
| Muscle Aches (Myalgia) | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|------------|----------|-------------------------------------|
| Body Aches | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|----------|----------|-------------------------------------|
| Headache | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|-------------------|----------|-------------------------------------|
| New Loss of Taste | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|-------------------|----------|-------------------------------------|
| New Loss of Smell | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|------------------|----------|-------------------------------------|
| Nasal Congestion | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |

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Form: Symptom Log (21)

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| | | |
|-------------------------|----------|-------------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Nausea | None | <input type="checkbox"/> |
| | Mild | <input checked="" type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Vomiting | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Diarrhea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Sore Throat | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

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Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input checked="" type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 14 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 94 % | |
| O2 Saturation Units | % | |
| Temperature | 98.7 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input type="radio"/> |
| v6.020 DTW (1102) | 360 of 2118 | |

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Form: Symptom Log (22)

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| | | |
|------------------------|----------|----------------------------------|
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Muscle Aches (Myalgia) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Body Aches | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Headache | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Taste | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Smell | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nasal Congestion | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |

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Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|----------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nausea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Vomiting | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Diarrhea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Sore Throat | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input checked="" type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 15 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 94 % | |
| O2 Saturation Units | % | |
| Temperature | 98.4 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input type="radio"/> |
| v6.020 DTW (1102) | 364 of 2118 | |

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Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

| | | |
|------------------------|----------|----------------------------------|
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Muscle Aches (Myalgia) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Body Aches | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Headache | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Taste | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Smell | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nasal Congestion | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |

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Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|----------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nausea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Vomiting | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Diarrhea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Sore Throat | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input checked="" type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 16 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 94 % | |
| O2 Saturation Units | % | |
| Temperature | 98.7 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input checked="" type="radio"/> |
| v6.020 DTW (1102) | 368 of 2118 | |

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Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

| | | |
|--|----------|-----------------------|
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|------------------------|----------|----------------------------------|
| Muscle Aches (Myalgia) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|------------|----------|----------------------------------|
| Body Aches | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|----------|----------|----------------------------------|
| Headache | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|-------------------|----------|----------------------------------|
| New Loss of Taste | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|-------------------|----------|----------------------------------|
| New Loss of Smell | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|------------------|----------|----------------------------------|
| Nasal Congestion | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|----------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nausea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Vomiting | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Diarrhea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Sore Throat | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

Symptom Day

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input checked="" type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 17 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 95 % | |
| O2 Saturation Units | % | |
| Temperature | 98.2 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input checked="" type="radio"/> |
| v6.020 DTW (1102) | 372 of 2118 | |

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Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

| | | |
|--|----------|-----------------------|
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|------------------------|----------|----------------------------------|
| Muscle Aches (Myalgia) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|------------|----------|----------------------------------|
| Body Aches | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|----------|----------|----------------------------------|
| Headache | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|-------------------|----------|----------------------------------|
| New Loss of Taste | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|-------------------|----------|----------------------------------|
| New Loss of Smell | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|------------------|----------|----------------------------------|
| Nasal Congestion | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |

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Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|----------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nausea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Vomiting | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Diarrhea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Sore Throat | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

Symptom Day

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input checked="" type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 18 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 94 % | |
| O2 Saturation Units | % | |
| Temperature | 99.1 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input checked="" type="radio"/> |
| v6.020 DTW (1102) | 376 of 2118 | |

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Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

| | | |
|--|----------|--------------------------|
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|------------------------|----------|-------------------------------------|
| Muscle Aches (Myalgia) | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|------------|----------|-------------------------------------|
| Body Aches | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|----------|----------|-------------------------------------|
| Headache | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|-------------------|----------|-------------------------------------|
| New Loss of Taste | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|-------------------|----------|-------------------------------------|
| New Loss of Smell | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|------------------|----------|-------------------------------------|
| Nasal Congestion | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |

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Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|----------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nausea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Vomiting | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Diarrhea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Sore Throat | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

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Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

Symptom Day

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input checked="" type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 19 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 94 % | |
| O2 Saturation Units | % | |
| Temperature | 98.7 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input checked="" type="radio"/> |
| v6.020 DTW (1102) | 380 of 2118 | |

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Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

| | | |
|------------------------|----------|-------------------------------------|
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Muscle Aches (Myalgia) | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Body Aches | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Headache | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| New Loss of Taste | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| New Loss of Smell | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Nasal Congestion | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|----------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nausea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Vomiting | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Diarrhea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Sore Throat | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input checked="" type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 20 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 94 % | |
| O2 Saturation Units | % | |
| Temperature | 98.7 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input checked="" type="radio"/> |
| v6.020 DTW (1102) | 384 of 2118 | |

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Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

| | | |
|--|----------|--------------------------|
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|------------------------|----------|-------------------------------------|
| Muscle Aches (Myalgia) | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|------------|----------|-------------------------------------|
| Body Aches | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|----------|----------|-------------------------------------|
| Headache | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|-------------------|----------|-------------------------------------|
| New Loss of Taste | None | <input type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input checked="" type="checkbox"/> |

| | | |
|-------------------|----------|-------------------------------------|
| New Loss of Smell | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|------------------|----------|-------------------------------------|
| Nasal Congestion | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |

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Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|----------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nausea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Vomiting | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Diarrhea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Sore Throat | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

Symptom Day

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input checked="" type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 21 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 95 % | |
| O2 Saturation Units | % | |
| Temperature | 98.3 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input checked="" type="radio"/> |
| v6.020 DTW (1102) | 388 of 2118 | |

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Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

| | | |
|--|----------|-----------------------|
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|------------------------|----------|----------------------------------|
| Muscle Aches (Myalgia) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|------------|----------|----------------------------------|
| Body Aches | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|----------|----------|----------------------------------|
| Headache | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|-------------------|----------|----------------------------------|
| New Loss of Taste | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|-------------------|----------|----------------------------------|
| New Loss of Smell | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

| | | |
|------------------|----------|----------------------------------|
| Nasal Congestion | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |

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Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|----------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nausea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Vomiting | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Diarrhea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Sore Throat | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

Symptom Day

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input checked="" type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 22 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 96 % | |
| O2 Saturation Units | % | |
| Temperature | 98.9 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input checked="" type="radio"/> |
| v6.020 DTW (1102) | 392 of 2118 | |

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Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

| | | |
|------------------------|----------|----------------------------------|
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Muscle Aches (Myalgia) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Body Aches | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Headache | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Taste | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Smell | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nasal Congestion | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|----------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nausea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Vomiting | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Diarrhea | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Sore Throat | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

Symptom Day

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input checked="" type="checkbox"/> |
| Day 32 | <input type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 23 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 95 % | |
| O2 Saturation Units | % | |
| Temperature | 97.8 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input checked="" type="radio"/> |
| v6.020 DTW (1102) | 396 of 2118 | |

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Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

| | | |
|------------------------|----------|----------------------------------|
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Muscle Aches (Myalgia) | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Body Aches | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Headache | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Taste | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| New Loss of Smell | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Nasal Congestion | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|-------------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Nausea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Vomiting | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Diarrhea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Sore Throat | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

Symptom Day

| | |
|--------|-------------------------------------|
| Day 1 | <input type="checkbox"/> |
| Day 2 | <input type="checkbox"/> |
| Day 3 | <input type="checkbox"/> |
| Day 4 | <input type="checkbox"/> |
| Day 5 | <input type="checkbox"/> |
| Day 6 | <input type="checkbox"/> |
| Day 7 | <input type="checkbox"/> |
| Day 8 | <input type="checkbox"/> |
| Day 9 | <input type="checkbox"/> |
| Day 10 | <input type="checkbox"/> |
| Day 11 | <input type="checkbox"/> |
| Day 12 | <input type="checkbox"/> |
| Day 13 | <input type="checkbox"/> |
| Day 14 | <input type="checkbox"/> |
| Day 15 | <input type="checkbox"/> |
| Day 16 | <input type="checkbox"/> |
| Day 17 | <input type="checkbox"/> |
| Day 18 | <input type="checkbox"/> |
| Day 19 | <input type="checkbox"/> |
| Day 20 | <input type="checkbox"/> |
| Day 21 | <input type="checkbox"/> |
| Day 22 | <input type="checkbox"/> |
| Day 23 | <input type="checkbox"/> |
| Day 24 | <input type="checkbox"/> |
| Day 25 | <input type="checkbox"/> |
| Day 26 | <input type="checkbox"/> |
| Day 27 | <input type="checkbox"/> |
| Day 28 | <input type="checkbox"/> |
| Day 29 | <input type="checkbox"/> |
| Day 30 | <input type="checkbox"/> |
| Day 31 | <input type="checkbox"/> |
| Day 32 | <input checked="" type="checkbox"/> |
| Day 33 | <input type="checkbox"/> |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------|-------------|----------------------------------|
| | Day 34 | <input type="checkbox"/> |
| | Day 35 | <input type="checkbox"/> |
| | Day 36 | <input type="checkbox"/> |
| | Day 37 | <input type="checkbox"/> |
| | Day 38 | <input type="checkbox"/> |
| | Day 39 | <input type="checkbox"/> |
| | Day 40 | <input type="checkbox"/> |
| Date | 24 NOV 2020 | |
| Assessment Not Done | False | |
| O2 Saturation | 98 % | |
| O2 Saturation Units | % | |
| Temperature | 97.4 F | |
| Chills | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Cough | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Shortness of Breath | None | <input type="radio"/> |
| | Mild | <input checked="" type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Difficulty Breathing | None | <input checked="" type="radio"/> |
| | Mild | <input type="radio"/> |
| | Moderate | <input type="radio"/> |
| | Severe | <input type="radio"/> |
| | Not Done | <input type="radio"/> |
| Fatigue | None | <input checked="" type="radio"/> |
| v6.020 DTW (1102) | 400 of 2118 | |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

| | | |
|--|----------|--------------------------|
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|------------------------|----------|-------------------------------------|
| Muscle Aches (Myalgia) | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|------------|----------|-------------------------------------|
| Body Aches | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|----------|----------|-------------------------------------|
| Headache | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|-------------------|----------|-------------------------------------|
| New Loss of Taste | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|-------------------|----------|-------------------------------------|
| New Loss of Smell | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

| | | |
|------------------|----------|-------------------------------------|
| Nasal Congestion | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

| | | |
|-------------------------|----------|-------------------------------------|
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Runny Nose (Rhinorrhea) | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Nausea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Vomiting | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Diarrhea | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |
| Sore Throat | None | <input checked="" type="checkbox"/> |
| | Mild | <input type="checkbox"/> |
| | Moderate | <input type="checkbox"/> |
| | Severe | <input type="checkbox"/> |
| | Not Done | <input type="checkbox"/> |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:53:48

| | |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Visit | 28 OCT 2020 |
| Was the Subject Tested For SARS-CoV-2 by RT-PCR? | Yes <input checked="" type="radio"/> No <input type="radio"/> |
| Did Subject Test Positive For SARS-CoV-2 by RT-PCR? | Yes <input checked="" type="radio"/> No <input type="radio"/> |
| Date of Test | 28 OCT 2020 |
| Type of Test Performed | Nasopharyngeal Swab <input checked="" type="radio"/> Nasal Swab <input type="radio"/> Saliva Test <input type="radio"/> Other <input type="radio"/> |
| Other, specify _____ | |
| Was this diagnostic test performed at a lab other than the Study Central Lab? | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| If yes, provide lab information below _____ | |
| Lab/ Institution Test Performed | _____ |
| CLIA Certified? | Yes <input type="radio"/> No <input type="radio"/> |
| COVID-19 Positive (CSA Programming Field Only) | 1 |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

Did the subject have Respiratory Rates ≥ 30 per Minute? Yes ☐ No ☒

If Yes, provide:

Start Date _____

End Date _____

Respiratory Rate _____

Did the subject have Heart Rate ≥ 125 beats per minute? Yes ☐ No ☒

If Yes, provide:

Start Date _____

End Date _____

Heart Rate _____

Did the subject have Oxygen Saturation of SpO₂ $\leq 93\%$ on room air at sea level? Yes ☐ No ☒

If Yes, provide:

Start Date _____

End Date _____

Oxygen Saturation _____

Did the subject have PaO₂/FIO₂ Ratio < 300 mm Hg? Yes ☐ No ☒

If Yes, provide:

Start Date _____

End Date _____

PaO₂ _____

Did the subject have Respiratory failure? Yes ☐ No ☒

Start Date _____

Did the subject have Acute Respiratory Distress Syndrome (ARDS)? Yes ☐ No ☒

Start Date _____

If Yes to either Did subject require any of the following:

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

Ventilator Support:

High-Flow Oxygen? Yes ☐ No ☒

Start Date _____

End Date _____

Non-Invasive Ventilation? Yes ☐ No ☒

Start Date _____

End Date _____

Mechanical Ventilation? Yes ☐ No ☒

Start Date _____

End Date _____

ECMO? Yes ☐ No ☒

Start Date _____

End Date _____

Evidence of Shock:

Systolic Blood Pressure < 90 mmHg, Diastolic Blood Pressure < 60 mmHg Yes ☐ No ☒

Start Date _____

End Date _____

Evidence of Shock Requires Vasopressors Yes ☐ No ☒

Start Date _____

End Date _____

Acute Renal Dysfunction? Yes ☐ No ☒

Start Date _____

Hepatic Dysfunction? Yes ☐ No ☒

Start Date _____

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

Neurologic Dysfunction? Yes ☐
No ☒

Start Date

Evidence of Pneumonia:

Clinical Evidence Yes ☐
No ☒

Date of Assessment

Radiographical Evidence Yes ☐
No ☒

Date of Assessment

Admission to an intensive care unit due to SARS-CoV-2 Yes ☐
No ☒

Start Date

End Date

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:53:48

[Generate Next COVID-19 Assessment](#)

Yes ☐
No ☒

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Folder: Illness Visit (1)

Form: Saliva Collection

Generated On: 26 Nov 2020 10:53:48

| Visit | Was Saliva Collected? | Date of Collection |
|--------|-----------------------|--------------------|
| Day 3 | Yes | 30 OCT 2020 |
| Day 5 | Yes | 1 NOV 2020 |
| Day 7 | Yes | 3 NOV 2020 |
| Day 9 | Yes | 5 NOV 2020 |
| Day 14 | Yes | 10 NOV 2020 |
| Day 21 | Yes | 17 NOV 2020 |
| Day 28 | | |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------|-----------------------------------------|
| Was this visit performed? | Yes <input checked="" type="radio"/> |
| | No <input type="radio"/> |
| Visit date (dd MMM yyyy) | 28 OCT 2020 |
| Was visit performed at the participant's home or at the clinic? | Home <input type="radio"/> |
| | Clinic <input checked="" type="radio"/> |
| Folder OID | SICKD1 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

| | |
|-------------------------------------------|---------------------------------------|
| Were vital signs assessed? | Yes <input checked="" type="radio"/> |
| | No <input type="radio"/> |
| Date of assessment (<i>dd MMM yyyy</i>) | 28 OCT 2020 |
| Time of assessment (<i>00:00-23:59</i>) | 15:53 (24 HR) |
| Vital Signs Date and Time (derived) | 28 OCT 2020 15:53 |
| Height (<i>xxx.x</i>) | 63.0 in |
| Weight (<i>xxx.x</i>) | 227.6 lb |
| Temperature (<i>xxx.x</i>) | 99.9 F |
| Route of measurement | Oral <input checked="" type="radio"/> |
| | Axillary <input type="radio"/> |
| | Other <input type="radio"/> |
| If Other, specify | |
| Pulse (<i>xxx</i>) | 97 beats/min |
| Pulse units | BPM |
| Respiratory Rate (<i>xxx</i>) | 18 breaths/min |
| Respiratory Rate units | BREATHS/MIN |
| Systolic Blood Pressure (<i>xxx</i>) | 138 mmHg |
| Systolic Blood Pressure units | MMHG |
| Diastolic Blood Pressure (<i>xxx</i>) | 92 mmHg |
| Diastolic Blood Pressure units | MMHG |
| Height (derived) | |
| Weight (derived) | |

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Folder: Illness Visit Day 1 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:53:48

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

28 OCT 2020

Any abnormal and clinically significant findings should be recorded on the Adverse Event or Medical History eCRF, as applicable.

US3252638

Folder: Illness Visit Day 1 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 10:53:48

Was Blood Sample Taken for Immunologic Assessment of
SARS_COV-2 Infection?

Yes ☒

No ☐

NA (COVID-19 Negative) ☐

Date of Collection

28 OCT 2020

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Folder: Convalescence Visit Day 28 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:53:48

Was this visit performed? Yes ☐
No ☐

Visit date (dd MMM yyyy) _____

Was visit performed at the participant's home or at the clinic? Home ☐
Clinic ☐

Folder OID _____

US3252638

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

| | |
|-------------------------------------------|-----------------------------------|
| Were vital signs assessed? | Yes <input type="checkbox"/> |
| | No <input type="checkbox"/> |
| Date of assessment (<i>dd MMM yyyy</i>) | |
| Time of assessment (<i>00:00-23:59</i>) | |
| Vital Signs Date and Time (derived) | |
| Temperature (<i>xxx.x</i>) | |
| Route of measurement | Oral <input type="checkbox"/> |
| | Axillary <input type="checkbox"/> |
| | Other <input type="checkbox"/> |
| If Other, specify | |
| Pulse (<i>xxx</i>) | |
| Pulse units | |
| Respiratory Rate (<i>xxx</i>) | |
| Respiratory Rate units | |
| Systolic Blood Pressure (<i>xxx</i>) | |
| Systolic Blood Pressure units | |
| Diastolic Blood Pressure (<i>xxx</i>) | |
| Diastolic Blood Pressure units | |
| Height (derived) | |
| Weight (derived) | |

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Folder: Convalescence Visit Day 28 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:53:48

Was the physical examination performed?

Yes ☐

No ☐

Date of examination (dd MMM yyyy)

Any abnormal and clinically significant findings should be recorded on the Adverse Event or Medical History eCRF, as applicable.

US3252638

Folder: Convalescence Visit Day 28 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 10:53:48

| | | |
|------------------------------------------------------|------------------------|--------------------------|
| Was Blood Sample Taken for Immunologic Assessment of | Yes | <input type="checkbox"/> |
| SARS_COV-2 Infection? | No | <input type="checkbox"/> |
| | NA (COVID-19 Negative) | <input type="checkbox"/> |

| | |
|--------------------|--|
| Date of Collection | |
|--------------------|--|

US3252638

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 10:53:48

Did the participant experience any adverse events?

Yes ☒

No ☐

If Yes, enter details on the Adverse Events form.

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

| | |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AEID | USA-US108-2020-MRNA-1273-P30 |
| | 1000012 |
| Adverse event | COVID-19 |
| Was this a medically-attended AE? | Yes <input checked="" type="radio"/> No <input type="radio"/> |
| Was this a Solicited Adverse Reaction? | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Is this event a confirmed diagnosis of Symptomatic Covid-19? | Yes <input checked="" type="radio"/> No <input type="radio"/> |
| Start date (dd MMM yyyy) | 24 OCT 2020 |
| Start time (00:00-23:59) | |
| AE start date and time (derived) | |
| Ongoing? | Yes <input checked="" type="radio"/> No <input type="radio"/> |
| If not Ongoing, end date (dd MMM yyyy) | |
| End time (00:00-23:59) | |
| AE End Date and Time (derived) | |
| Severity | Grade 1/Mild <input checked="" type="radio"/> Grade 2/Moderate <input type="radio"/> Grade 3/Severe <input type="radio"/> Grade 4 <input type="radio"/> |
| Is the adverse event serious? | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| AE is serious due To (check all that apply) | |
| Death | False |
| Life threatening | False |
| Requires inpatient or prolongation of existing Hospitalization | False |
| Hospital Admission Date (dd MMM yyyy) | |
| Hospital Discharge Date (dd MMM yyyy) | |
| Admitted to ICU? | Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> |
| Number of Days in ICU | |
| v6.020 DTW (1102) | 418 of 2118 |

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

| | |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Persistent or significant disability or incapacity | False |
| Congenital anomaly or birth defect | False |
| Other medically important event | False |
| Relationship to investigational product | Not Related <input checked="" type="radio"/> Related <input type="radio"/> Not Applicable <input type="radio"/> |
| Relationship to Study Procedure | Not Related <input checked="" type="radio"/> Related <input type="radio"/> Not Applicable <input type="radio"/> |
| Action taken with investigational product | None <input type="radio"/> Dose Delayed <input type="radio"/> Investigational Product <input checked="" type="radio"/> Withdrawn <input type="radio"/> Not Applicable <input type="radio"/> |
| Other action taken (check all that apply) | |
| None | True |
| Concomitant Medication | False |
| Concomitant Procedure | False |
| Outcome | Fatal <input type="radio"/> Not Recovered/Not Resolved <input checked="" type="radio"/> Recovered/Resolved <input type="radio"/> Recovered/Resolved with Sequelae <input type="radio"/> Recovering/Resolving <input type="radio"/> Unknown <input type="radio"/> |
| If outcome is Recovered/Resolved with Sequelae, please specify the sequelae: | |
| Narrative | THE PATIENT IS ONLY TAKING TYLENOL 250 MG PRN, MUCINEX 20 ML PRN AND ASPIRIN FOR PROPHYLAXIS FOR CARDIAC HEALTH 81MG QD FOR COVID-19. |
| Serious Adverse Event Derived (CSA Programming Field Only) | 0 |
| Medically Attended AE Derived (CSA Programming Field Only) | 1 |
| Admitted to ICU Derived (CSA Programming Field Only) | |

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 10:53:48

Were any prior/concomitant medications and/or vaccinations taken?

Yes ☒

No ☐

If Yes, please complete Prior/Concomitant Medication and Vaccination form.

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:48

| | |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Medication | TYLENOL |
| Prophylaxis | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Indication | COVID-19 |
| Dose per administration | 250 |
| Dose unit | mg <input checked="" type="radio"/> ug <input type="radio"/> mL <input type="radio"/> g <input type="radio"/> IU <input type="radio"/> tablet <input type="radio"/> capsule <input type="radio"/> puff <input type="radio"/> Other <input type="radio"/> |
| If dose unit is Other, specify _____ | |
| Frequency | once daily <input type="radio"/> twice daily <input type="radio"/> three times daily <input type="radio"/> four times daily <input type="radio"/> every other day <input type="radio"/> every week <input type="radio"/> every month <input type="radio"/> as needed <input checked="" type="radio"/> once <input type="radio"/> unknown <input type="radio"/> other <input type="radio"/> |
| If frequency is Other, specify _____ | |
| Route of administration | Oral <input checked="" type="radio"/> Topical <input type="radio"/> Subcutaneous <input type="radio"/> Transdermal <input type="radio"/> Intraocular <input type="radio"/> Intramuscular <input type="radio"/> |

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------------------------------------|--------------------------|----------------------------------|
| | Respiratory (Inhalation) | <input type="checkbox"/> |
| | Intralesional | <input type="checkbox"/> |
| | Intraperitoneal | <input type="checkbox"/> |
| | Nasal | <input type="checkbox"/> |
| | Vaginal | <input type="checkbox"/> |
| | Rectal | <input type="checkbox"/> |
| | Intravenous | <input type="checkbox"/> |
| | Intravenous Bolus | <input type="checkbox"/> |
| | Intravenous Drip | <input type="checkbox"/> |
| | Other | <input type="checkbox"/> |
| If route of administration is Other, specify _____ | | |
| Start date (dd MMM yyyy) | | 24 OCT 2020 |
| Start date completely unknown | | False |
| Ongoing? | Yes | <input checked="" type="radio"/> |
| | No | <input type="radio"/> |
| If not Ongoing, End date (dd MMM yyyy) _____ | | |
| Was this medication taken for solicited event? | Yes | <input type="radio"/> |
| | No | <input checked="" type="radio"/> |
| Separate Dosage Number (derived) _____ | | |
| Interval Dosage Unit Number (derived) _____ | | |
| Interval Dosage Definition (derived) | 802 | <input type="radio"/> |
| | 803 | <input type="radio"/> |
| | 804 | <input type="radio"/> |

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:48

| | |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Medication | MUCINEX |
| Prophylaxis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Indication | COVID-19 |
| Dose per administration | 20 |
| Dose unit | mg <input type="checkbox"/> ug <input type="checkbox"/> mL <input checked="" type="checkbox"/> g <input type="checkbox"/> IU <input type="checkbox"/> tablet <input type="checkbox"/> capsule <input type="checkbox"/> puff <input type="checkbox"/> Other <input type="checkbox"/> |
| If dose unit is Other, specify | |
| Frequency | once daily <input type="checkbox"/> twice daily <input type="checkbox"/> three times daily <input type="checkbox"/> four times daily <input type="checkbox"/> every other day <input type="checkbox"/> every week <input type="checkbox"/> every month <input type="checkbox"/> as needed <input checked="" type="checkbox"/> once <input type="checkbox"/> unknown <input type="checkbox"/> other <input type="checkbox"/> |
| If frequency is Other, specify | |
| Route of administration | Oral <input checked="" type="checkbox"/> Topical <input type="checkbox"/> Subcutaneous <input type="checkbox"/> Transdermal <input type="checkbox"/> Intraocular <input type="checkbox"/> Intramuscular <input type="checkbox"/> |

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------------------------------------|--------------------------|----------------------------------|
| | Respiratory (Inhalation) | <input type="checkbox"/> |
| | Intralesional | <input type="checkbox"/> |
| | Intraperitoneal | <input type="checkbox"/> |
| | Nasal | <input type="checkbox"/> |
| | Vaginal | <input type="checkbox"/> |
| | Rectal | <input type="checkbox"/> |
| | Intravenous | <input type="checkbox"/> |
| | Intravenous Bolus | <input type="checkbox"/> |
| | Intravenous Drip | <input type="checkbox"/> |
| | Other | <input type="checkbox"/> |
| If route of administration is Other, specify _____ | | |
| Start date (dd MMM yyyy) | | 24 OCT 2020 |
| Start date completely unknown | | False |
| Ongoing? | Yes | <input checked="" type="radio"/> |
| | No | <input type="radio"/> |
| If not Ongoing, End date (dd MMM yyyy) _____ | | |
| Was this medication taken for solicited event? | Yes | <input type="radio"/> |
| | No | <input checked="" type="radio"/> |
| Separate Dosage Number (derived) _____ | | |
| Interval Dosage Unit Number (derived) _____ | | |
| Interval Dosage Definition (derived) | 802 | <input type="radio"/> |
| | 803 | <input type="radio"/> |
| | 804 | <input type="radio"/> |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:48

| | |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Medication | ASPIRIN |
| Prophylaxis | Yes <input checked="" type="radio"/> No <input type="radio"/> |
| Indication | PROPHYLAXIS FOR CARDIAC HEALTH |
| Dose per administration | 81 |
| Dose unit | mg <input checked="" type="radio"/> ug <input type="radio"/> mL <input type="radio"/> g <input type="radio"/> IU <input type="radio"/> tablet <input type="radio"/> capsule <input type="radio"/> puff <input type="radio"/> Other <input type="radio"/> |
| If dose unit is Other, specify | |
| Frequency | once daily <input checked="" type="radio"/> twice daily <input type="radio"/> three times daily <input type="radio"/> four times daily <input type="radio"/> every other day <input type="radio"/> every week <input type="radio"/> every month <input type="radio"/> as needed <input type="radio"/> once <input type="radio"/> unknown <input type="radio"/> other <input type="radio"/> |
| If frequency is Other, specify | |
| Route of administration | Oral <input checked="" type="radio"/> Topical <input type="radio"/> Subcutaneous <input type="radio"/> Transdermal <input type="radio"/> Intraocular <input type="radio"/> |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:48

| | | |
|----------------------------------------------------|--------------------------|----------------------------------|
| | Intramuscular | <input type="radio"/> |
| | Respiratory (Inhalation) | <input type="radio"/> |
| | Intralesional | <input type="radio"/> |
| | Intraperitoneal | <input type="radio"/> |
| | Nasal | <input type="radio"/> |
| | Vaginal | <input type="radio"/> |
| | Rectal | <input type="radio"/> |
| | Intravenous | <input type="radio"/> |
| | Intravenous Bolus | <input type="radio"/> |
| | Intravenous Drip | <input type="radio"/> |
| | Other | <input type="radio"/> |
| <hr/> | | |
| If route of administration is Other, specify _____ | | |
| Start date (dd MMM yyyy) | | 28 OCT 2020 |
| Start date completely unknown | | False |
| Ongoing? | Yes | <input checked="" type="radio"/> |
| | No | <input type="radio"/> |
| <hr/> | | |
| If not Ongoing, End date (dd MMM yyyy) _____ | | |
| Was this medication taken for solicited event? | Yes | <input type="radio"/> |
| | No | <input checked="" type="radio"/> |
| Separate Dosage Number (derived) | | 1 |
| Interval Dosage Unit Number (derived) | | 1 |
| Interval Dosage Definition (derived) | 802 | <input type="radio"/> |
| | 803 | <input type="radio"/> |
| | 804 | <input checked="" type="radio"/> |

US3252638

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Generated On: 26 Nov 2020 10:53:48

Were any concomitant procedures performed?

Yes ☐

No ☒

If yes, please complete Concomitant Procedures form.

US3252638

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 10:53:48

Date of dosing discontinuation (dd MMM yyyy)

Primary reason for dosing discontinuation

AE (specify) ☐

SAE (specify) ☐

Death ☐

Lost To Follow-up ☐

Physician decision (specify) ☐

Pregnancy ☐

Protocol deviation (specify) ☐

Study Terminated By Sponsor ☐

Withdrawal of consent by
participant (specify) ☐

Due to SARS-COV-2 ☐

Other ☐

If reason is AE, SAE, Physician Decision, Withdrawal of consent
by participant, Protocol deviation, or Other, specify

US3252638

Folder: End of Study (1)

Form: End of Study / Study Discontinuation

Generated On: 26 Nov 2020 10:53:48

Date of study discontinuation/completion (*dd MMM yyyy*)

Reason for discontinuation

AE (specify) ☐

SAE (specify) ☐

Complete ☐

Death ☐

Lost To Follow-up ☐

Physician decision (specify) ☐

Pregnancy ☐

Protocol deviation (specify) ☐

Study Terminated By Sponsor ☐

Withdrawal of consent by ☐

participant (specify)

Other ☐

If reason is AE, SAE, Physician Decision, Withdrawal of consent by participant, Protocol deviation, or Other, specify

If reason for discontinuation is Death, main cause of death

Adverse event ☐

Unknown ☐

Other ☐

If main cause of death is Other, specify

Date of death (*dd MMM yyyy*)

Was autopsy performed?

Yes ☐

No ☐

Unknown ☐

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

| | |
|----------------------------------------------------------------|------------------------------------------------------------------|
| SAEID | USA-US108-2020-MRNA-1273-P301000012 |
| Serious | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Death | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Life threatening | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Requires inpatient or prolongation of existing Hospitalization | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Persistent or significant disability or incapacity | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Congenital anomaly or birth defect | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Other medically important event | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Investigator's First Name | JOEL |
| Investigator's Last Name | SOLIS |
| Site Address: Street | 5201 N. 10TH STREET |
| Site Address: City | MCALLEN |
| Site Address: State | TX |
| Site Address: Postal Code | CARMPA |
| Investigator Country | US |
| E2B Transmit Flag (Derived/Hidden) | 2 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| SAEID | USA-US108-2020-MRNA-1273-P301000012 |
| Serious | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Death | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Life threatening | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Requires inpatient or prolongation of existing Hospitalization | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Persistent or significant disability or incapacity | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Congenital anomaly or birth defect | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Other medically important event | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Investigator's First Name | JOEL |
| Investigator's Last Name | SOLIS |
| Site Address: Street | 5201 N. 10TH STREET |
| Site Address: City | MCALLEN |
| Site Address: State | TX |
| Site Address: Postal Code | CARMPA |
| Investigator Country | US |
| E2B Transmit Flag (Derived/Hidden) | 2 |
| Date of submission (Pre-filled from custom function) | 03/NOV/2020 15:54 |
| Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge. | True |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form (2)

Generated On: 26 Nov 2020 10:53:48

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| SAEID | USA-US108-2020-MRNA-1273-P301000012 |
| Serious | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Death | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Life threatening | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Requires inpatient or prolongation of existing Hospitalization | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Persistent or significant disability or incapacity | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Congenital anomaly or birth defect | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Other medically important event | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Investigator's First Name | JOEL |
| Investigator's Last Name | SOLIS |
| Site Address: Street | 5201 N. 10TH STREET |
| Site Address: City | MCALLEN |
| Site Address: State | TX |
| Site Address: Postal Code | CARMPA |
| Investigator Country | US |
| E2B Transmit Flag (Derived/Hidden) | 2 |
| Date of submission (Pre-filled from custom function) | 22/NOV/2020 09:04 |
| Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge. | True |

Audit

US3252638 (Prod: Centex Studies Inc)

US3252638

Form: Participant Creation

Generated On: 26 Nov 2020 10:53:48

[Participant ID](#)

| Audit | User | Time (GMT) |
|--------------------------|-------------------------------------------------|----------------------|
| User entered 'US3252638' | RWS_ENDPOINT ENDPOINT (b) (4) <div></div> | 07 Oct 2020 12:52:46 |

US3252638

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:53:48

[Was this visit performed?](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:46:49 |

US3252638

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:53:48

[Visit date \(dd MMM yyyy\)](#)

| Audit | User | Time (GMT) |
|----------------------------|------------------------------------------------|----------------------|
| User entered '07 OCT 2020' | RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED] | 07 Oct 2020 12:52:47 |

US3252638

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:53:48

[Was visit performed at the participant's home or at the clinic?](#)

| Audit | User | Time (GMT) |
|--------------------------------|----------------------------------|----------------------|
| User entered 'Clinic (Clinic)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:46:49 |

US3252638

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:53:48

[Folder OID](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered 'SCRN' | System | 07 Oct 2020 16:46:49 |

US3252638

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:48

[Date of Birth \(MMM yyyy\)](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|----------------------------------|----------------------|
| User entered (b) (6) 1979' reason for change: Data Entry Error | RWS_ENDPOINT ENDPOINT (b) (4) | 07 Oct 2020 13:53:06 |
| User entered 'DEC 1979' | RWS_ENDPOINT ENDPOINT (b) (4) | 07 Oct 2020 12:52:48 |

US3252638

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:48

[Age](#)

| Audit | User | Time (GMT) |
|-------------------|----------------------------------|----------------------|
| User entered '41' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:47:05 |

US3252638

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:48

[Age Units](#)

| Audit | User | Time (GMT) |
|----------------------|--------|----------------------|
| User entered 'YEARS' | System | 07 Oct 2020 16:47:05 |

US3252638

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:48

[Age \(Derived\)](#)

| Audit | User | Time (GMT) |
|-------------------|--------|----------------------|
| User entered '41' | System | 07 Oct 2020 13:53:09 |

US3252638

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:48

[Sex](#)

| Audit | User | Time (GMT) |
|---------------------------|----------------------------------|----------------------|
| User entered 'Female (F)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:47:05 |

US3252638

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:48

[Ethnicity](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------|----------------------------------|----------------------|
| User entered 'Hispanic or Latino (HISPANIC OR LATINO)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:47:05 |

US3252638

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:48

White

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '1' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:47:05 |

US3252638

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:48

[Black](#)

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:47:05 |

US3252638

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:48

[Asian](#)

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:47:05 |

US3252638

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:48

[American Indian or Alaska Native](#)

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:47:05 |

US3252638

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:48

[Native Hawaiian or other Pacific Islander](#)

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:47:05 |

US3252638

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:48

[Other](#)

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:47:05 |

US3252638

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:48

If race is Other, specify

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:47:05 |

US3252638

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:48

Unknown

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:47:05 |

US3252638

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:48

[Not reported](#)

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:47:05 |

US3252638

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:53:48

Date of Informed Consent (*dd MMM yyyy*)

| Audit | User | Time (GMT) |
|---------------------------|-----------------------------------|----------------------|
| User entered '7 Oct 2020' | Xavier Morales (b) (4) (b) (4) | 07 Oct 2020 13:53:09 |

US3252638

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:53:48

[Month and Year of Informed Consent \(derived\)](#)

| Audit | User | Time (GMT) |
|-------------------------|--------|----------------------|
| User entered 'Oct 2020' | System | 07 Oct 2020 13:53:09 |

US3252638

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:53:48

[Year of Informed Consent \(derived\)](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered '2020' | System | 07 Oct 2020 13:53:09 |

US3252638

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:53:48

[Protocol Version](#)

| Audit | User | Time (GMT) |
|--------------------------------|-----------------------------------|----------------------|
| User entered 'Amendment 4 (4)' | Xavier Morales (b) (4) (b) (4) | 07 Oct 2020 13:53:09 |

US3252638

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:53:48

[Was participant enrolled in the study?](#)

| Audit | User | Time (GMT) |
|------------------------|-----------------------------------|----------------------|
| User entered 'Yes (Y)' | Xavier Morales (b) (4) (b) (4) | 07 Oct 2020 13:53:09 |

US3252638

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:53:48

If No, indicate reason for screen fail

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Xavier Morales (b) (4) (b) (4) | 07 Oct 2020 13:53:09 |

US3252638

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:53:48

If reason for screen fail is Other, specify

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Xavier Morales (b) (4) (b) (4) | 07 Oct 2020 13:53:09 |

US3252638

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:53:48

[Was this participant screened previously?](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| User entered 'No (N)' | Xavier Morales (b) (4) (b) (4) | 07 Oct 2020 13:53:09 |

US3252638

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:53:48

[If Yes, previous participant number](#)

| Audit | User | Time (GMT) |
|---------------------|------------------------------------------------|----------------------|
| User entered empty. | RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED] | 07 Oct 2020 12:52:47 |

US3252638

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:53:48

[Enrollment Trigger](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered 'I' | System | 07 Oct 2020 13:53:14 |

US3252638

Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 10:53:48

[Did the participant meet all eligibility criteria?](#)

| Audit | User | Time (GMT) |
|------------------------|-----------------------------------|----------------------|
| User entered 'Yes (Y)' | Xavier Morales (b) (4) (b) (4) | 07 Oct 2020 13:53:14 |

US3252638

Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 10:53:48

[Were any significant conditions reported?](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:47:58 |

US3252638

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:53:48

[Condition](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------|
| User coded data point as SOC: Surgical and medical procedures, HLGT: Obstetric and gynaecological therapeutic procedures, HLT: Uterine therapeutic procedures, PT: Hysterectomy, LLT: Hysterectomy - version MedDRA\\23.0. | Coder Import (b) (4) (b) (4) | 07 Oct 2020 16:54:37 |
| User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0. | Coder Import (b) (4) (b) (4) | 07 Oct 2020 16:54:37 |
| Data point term sent to Coder | System | 07 Oct 2020 16:48:46 |
| User entered 'Hysterectomy' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:48:40 |

US3252638

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:53:48

[Start date \(dd MMM yyyy\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| User entered 'UN UNK 2008' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:48:40 |

US3252638

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:53:48

[Start date completely unknown](#)

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:48:40 |

US3252638

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:53:48

[Condition ongoing at study entry](#)

| Audit | User | Time (GMT) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|
| User closed query 'Per DM CLR: Ongoing is marked for a surgical procedure. Please review and confirm to add a stop date as surgical procedures are not expected to remain ongoing. Update eCRF as appropriate. ' (Site from DM). | (b) (4), (b) (6) | 06 Nov 2020 14:20:50 |
| Query 'Per DM CLR: Ongoing is marked for a surgical procedure. Please review and confirm to add a stop date as surgical procedures are not expected to remain ongoing. Update eCRF as appropriate. ' answered with 'eCRF updated appropriately.' (Site from DM). | Joanna Gurrola (b) (4) | 23 Oct 2020 14:18:28 |
| User entered 'No (N)' reason for change: Data Entry Error | (b) (4) | 23 Oct 2020 14:18:16 |
| User opened query 'Per DM CLR: Ongoing is marked for a surgical procedure. Please review and confirm to add a stop date as surgical procedures are not expected to remain ongoing. Update eCRF as appropriate. ' (Site from DM). | (b) (4), (b) (6) | 23 Oct 2020 06:02:19 |
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) | 07 Oct 2020 16:48:40 |

US3252638

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:53:48

If No, please specify the stop date (dd MMM yyyy)

| Audit | User | Time (GMT) |
|-----------------------------------------------|------------------------|----------------------|
| User entered 'UN UNK 2008' reason for change: | Joanna Gurrola (b) (4) | 23 Oct 2020 14:18:16 |
| Data Entry Error | (b) (4) | |
| User entered empty. | Shannon Moyer (b) (4) | 07 Oct 2020 16:48:40 |
| | (b) (4) | |

US3252638

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:53:48

[Stop date completely unknown](#)

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:48:40 |

US3252638

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:53:48

[Start Month and Year \(derived\)](#)

| Audit | User | Time (GMT) |
|-------------------------|--------|----------------------|
| User entered 'Jan 2008' | System | 07 Oct 2020 16:48:40 |

US3252638

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:53:48

[Start Year \(derived\)](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered '2008' | System | 07 Oct 2020 16:48:40 |

US3252638

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:53:48

[Stop Month and Year \(derived\)](#)

| Audit | User | Time (GMT) |
|-------------------------|--------|----------------------|
| User entered 'Jan 2008' | System | 23 Oct 2020 14:18:16 |
| User entered empty. | System | 07 Oct 2020 16:48:40 |

US3252638

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:53:48

[Stop Year \(derived\)](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered '2008' | System | 23 Oct 2020 14:18:16 |
| User entered empty. | System | 07 Oct 2020 16:48:40 |

US3252638

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:53:48

[Condition](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|
| User coded data point as SOC: Reproductive system and breast disorders, HLG: Menstrual cycle and uterine bleeding disorders, HLT: Menstruation with increased bleeding, PT: Menorrhagia, LLT: Menorrhagia - version MedDRA\\23.0. | Coder Import (b) (4) | 07 Oct 2020 16:57:00 |
| User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0. | Coder Import (b) (4) | 07 Oct 2020 16:57:00 |
| Data point term sent to Coder | System | 07 Oct 2020 16:49:48 |
| User entered 'Menorrhagia' | Shannon Moyer (b) (4) | 07 Oct 2020 16:49:23 |
| | (b) (4) | |

US3252638

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:53:48

[Start date \(dd MMM yyyy\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| User entered 'UN UNK 2008' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:49:23 |

US3252638

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:53:48

[Start date completely unknown](#)

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:49:23 |

US3252638

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:53:48

[Condition ongoing at study entry](#)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:49:23 |

US3252638

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:53:48

If No, please specify the stop date (dd MMM yyyy)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| User entered 'UN UNK 2008' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:49:23 |

US3252638

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:53:48

[Stop date completely unknown](#)

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:49:23 |

US3252638

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:53:48

[Start Month and Year \(derived\)](#)

| Audit | User | Time (GMT) |
|-------------------------|--------|----------------------|
| User entered 'Jan 2008' | System | 07 Oct 2020 16:49:23 |

US3252638

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:53:48

[Start Year \(derived\)](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered '2008' | System | 07 Oct 2020 16:49:23 |

US3252638

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:53:48

[Stop Month and Year \(derived\)](#)

| Audit | User | Time (GMT) |
|-------------------------|--------|----------------------|
| User entered 'Jan 2008' | System | 07 Oct 2020 16:49:23 |

US3252638

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:53:48

[Stop Year \(derived\)](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered '2008' | System | 07 Oct 2020 16:49:23 |

US3252638

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[Were vital signs assessed?](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:51:37 |

US3252638

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

Date of assessment (*dd MMM yyyy*)

| Audit | User | Time (GMT) |
|---------------------------|----------------------------------|----------------------|
| User entered '7 Oct 2020' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:51:37 |

US3252638

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

Time of assessment (00:00-23:59)

| Audit | User | Time (GMT) |
|----------------------|----------------------------------|----------------------|
| User entered '07:47' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:51:37 |

US3252638

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[Vital Signs Date and Time \(derived\)](#)

| Audit | User | Time (GMT) |
|---------------------------------|--------|----------------------|
| User entered '7 Oct 2020 07:47' | System | 07 Oct 2020 16:51:37 |

US3252638

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[Height \(xxx.x\)](#)

| Audit | User | Time (GMT) |
|---------------------------|-----------------------|----------------------|
| User entered '63' in | Shannon Moyer (b) (4) | 07 Oct 2020 16:51:37 |
| DataPoint set to visible. | (b) (4) System | 07 Oct 2020 13:53:14 |

US3252638

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[Weight \(xxx.x\)](#)

| Audit | User | Time (GMT) |
|---------------------------|-----------------------|----------------------|
| User entered '227.6' lb | Shannon Moyer (b) (4) | 07 Oct 2020 16:51:37 |
| DataPoint set to visible. | (b) (4) System | 07 Oct 2020 13:53:14 |

US3252638

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[BMI \(xxx.x\)](#)

| Audit | User | Time (GMT) |
|---------------------------|--------|----------------------|
| User entered '40.40183' | System | 07 Oct 2020 16:51:37 |
| DataPoint set to visible. | System | 07 Oct 2020 13:53:14 |

US3252638

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[BMI units](#)

| Audit | User | Time (GMT) |
|---------------------------|--------|----------------------|
| User entered 'kg/m2' | System | 07 Oct 2020 16:51:37 |
| DataPoint set to visible. | System | 07 Oct 2020 13:53:14 |

US3252638

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

Temperature (xxx.x)

| Audit | User | Time (GMT) |
|------------------------------------------|----------------------------------|----------------------|
| User entered missing code ND - Not Done. | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:51:37 |

US3252638

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[Route of measurement](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:51:37 |

US3252638

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[If Other, specify](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:51:37 |

US3252638

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[Pulse \(xxx\)](#)

| Audit | User | Time (GMT) |
|------------------------------------------|----------------------------------|----------------------|
| User entered missing code ND - Not Done. | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:51:37 |

US3252638

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[Pulse units](#)

| Audit | User | Time (GMT) |
|--------------------|--------|----------------------|
| User entered 'bpm' | System | 07 Oct 2020 16:51:37 |

US3252638

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[Respiratory Rate \(xxx\)](#)

| Audit | User | Time (GMT) |
|------------------------------------------|----------------------------------|----------------------|
| User entered missing code ND - Not Done. | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:51:37 |

US3252638

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[Respiratory Rate units](#)

| Audit | User | Time (GMT) |
|----------------------------|--------|----------------------|
| User entered 'breaths/min' | System | 07 Oct 2020 16:51:37 |

US3252638

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

Systolic Blood Pressure (xxx)

| Audit | User | Time (GMT) |
|------------------------------------------|----------------------------------|----------------------|
| User entered missing code ND - Not Done. | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:51:37 |

US3252638

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[Systolic Blood Pressure units](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered 'mmHg' | System | 07 Oct 2020 16:51:37 |

US3252638

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

Diastolic Blood Pressure (xxx)

| Audit | User | Time (GMT) |
|------------------------------------------|----------------------------------|----------------------|
| User entered missing code ND - Not Done. | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:51:37 |

US3252638

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[Diastolic Blood Pressure units](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered 'mmHg' | System | 07 Oct 2020 16:51:37 |

US3252638

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 10:53:48

Was the physical examination performed?

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:51:46 |

US3252638

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 10:53:48

Date of examination (*dd MMM yyyy*)

| Audit | User | Time (GMT) |
|---------------------------|----------------------------------|----------------------|
| User entered '7 Oct 2020' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:51:46 |

US3252638

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 10:53:48

Date of assessment (*dd MMM yyyy*)

| Audit | User | Time (GMT) |
|---------------------------|----------------------------------|----------------------|
| User entered '7 Oct 2020' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:52:27 |

US3252638

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 10:53:48

Is the participant of childbearing potential?

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:52:27 |

US3252638

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 10:53:48

[If No, what is the reason?](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------|----------------------------------|----------------------|
| User entered 'Surgically sterile (SURGICALLY STERILE)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:52:27 |

US3252638

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 10:53:48

If Partner medically sterile or Other, specify

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:52:27 |

US3252638

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 10:53:48

If Surgically sterile, date of surgery (*dd MMM yyyy*)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| User entered 'UN UNK 2008' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:52:27 |

US3252638

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 10:53:48

Date of surgery unknown

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:52:27 |

US3252638

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 10:53:48

If Post-menopausal, date of last menstruation (*dd MMM yyyy*)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:52:27 |

US3252638

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 10:53:48

Date of last menstruation unknown

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:52:27 |

US3252638

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

Healthcare workers (e.g., doctors, nurses, dentists, hospital support staff, morgue/mortuary workers)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:26 |

US3252638

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

Emergency Response (e.g., Law enforcement officers, Firefighters, emergency medical service workers)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:26 |

US3252638

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

Retail or Restaurant Operations, particularly those in critical and/high-customer volume (e.g., grocery, convenience, hardware, big-box stores)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:26 |

US3252638

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

Manufacturing & Production Operations with inherent overcrowding (e.g., factory workers, meat/food processing plants)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:26 |

US3252638

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

[Warehouse shipping and fulfillment centers and jobs \(e.g., Amazon facilities\)](#)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:26 |

US3252638

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

Transportation and delivery services (e.g., airlines, public transit, taxi/UBER, fed ex/UPS, postal workers)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:26 |

US3252638

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

Border Protection and Military Personnel (e.g., TSA, custom and border protection agents, military personnel not social distancing)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:26 |

US3252638

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

Personal Care and in-home services (e.g., barber/salon/spa, in-home repair services, electricians, plumbers, janitorial services)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:26 |

US3252638

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

Hospitality and Tourism Workers (e.g., hotel, casino, amusement/theme park, entertainment, ski resorts)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:26 |

US3252638

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

Pastoral, Social or Public Health Workers requiring frequent contact with community members (e.g., social workers, volunteers, religious clergy)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:26 |

US3252638

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

Educators and Students (e.g., teachers, administrators, support staff, and students interacting in face-to-face school setting)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:26 |

US3252638

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

[Other](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:26 |

US3252638

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

[Specify](#)

| Audit | User | Time (GMT) |
|------------------------------|----------------------------------|----------------------|
| User entered 'Food delivery' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:26 |

US3252638

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

No Risk Identified

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:26 |

US3252638

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

[Resides in Nursing Home or Assisted Living Facility](#)

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:26 |

US3252638

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

Resides in Multi-family dwelling (e.g., cohabitation in dwelling with > 5 people, includes grandparents living with children < 18yrs)

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:26 |

US3252638

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

Resides in high density housing (e.g., high rise apartments with shared entrances or elevators)

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:26 |

US3252638

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

Resides in low density, multi-family setting without (e.g., apartments complex without shared entrances or elevators, duplexes)

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:26 |

US3252638

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

[Resides in a single family home](#) (i.e., detached housing)

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '1' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:26 |

US3252638

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

[Other](#)

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:26 |

US3252638

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:48

[Specify](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:26 |

US3252638

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:53:48

[Was this visit performed?](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:49 |

US3252638

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:53:48

[Visit date \(dd MMM yyyy\)](#)

| Audit | User | Time (GMT) |
|---------------------------|----------------------------------|----------------------|
| User entered '7 Oct 2020' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:49 |

US3252638

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:53:48

[Was visit performed at the participant's home or at the clinic?](#)

| Audit | User | Time (GMT) |
|--------------------------------|----------------------------------|----------------------|
| User entered 'Clinic (Clinic)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:53:49 |

US3252638

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:53:48

[Folder OID](#)

| Audit | User | Time (GMT) |
|-----------------------|--------|----------------------|
| User entered 'VISIT1' | System | 07 Oct 2020 16:53:49 |

US3252638

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:53:48

What was the date of randomization? (*dd MMM yyyy*)

| Audit | User | Time (GMT) |
|----------------------------|-------------------------------------------------|----------------------|
| User entered '07 OCT 2020' | RWS_ENDPOINT ENDPOINT (b) (4) <div></div> | 07 Oct 2020 13:12:56 |

US3252638

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:53:48

What was the participant's randomization number?

| Audit | User | Time (GMT) |
|-----------------------|-------------------------------------------------|----------------------|
| User entered '147017' | RWS_ENDPOINT ENDPOINT (b) (4) <div></div> | 07 Oct 2020 13:12:56 |

US3252638

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:53:48

[In what Cohort was the participant enrolled?](#)

| Audit | User | Time (GMT) |
|---------------------------------------------------|-------------------------------------------------|----------------------|
| User entered '>=18 and <65 years and at risk (2)' | RWS_ENDPOINT ENDPOINT (b) (4) <div></div> | 07 Oct 2020 13:12:56 |

US3252638

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:53:48

Chronic lung disease (eg, emphysema and chronic bronchitis, idiopathic pulmonary fibrosis and cystic fibrosis, or moderate to severe asthma)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:54:18 |

US3252638

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:53:48

Significant cardiac disease (eg, heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:54:18 |

US3252638

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:53:48

Severe obesity (body mass index > or = 40kg/m2)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:54:18 |

US3252638

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:53:48

Diabetes (Type I, Type 2, or gestational)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:54:18 |

US3252638

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:53:48

[Liver Disease](#)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:54:18 |

US3252638

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:53:48

[Human Immunodeficiency Virus \(HIV\) infection](#)

| Audit | User | Time (GMT) |
|---------------------------|-----------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) | 07 Oct 2020 16:54:18 |
| DataPoint set to visible. | (b) (4) System | 07 Oct 2020 13:53:09 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:53:48

[Height](#)

| Audit | User | Time (GMT) |
|------------------------------------------|----------------------------------|----------------------|
| User entered missing code ND - Not Done. | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:53:48

Weight

| Audit | User | Time (GMT) |
|------------------------------------------|----------------------------------|----------------------|
| User entered missing code ND - Not Done. | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:53:48

Height

| Audit | User | Time (GMT) |
|------------------------------------------|----------------------------------|----------------------|
| User entered missing code ND - Not Done. | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:53:48

[Weight](#)

| Audit | User | Time (GMT) |
|------------------------------------------|----------------------------------|----------------------|
| User entered missing code ND - Not Done. | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:48

[Timepoint](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------|----------------------------------|----------------------|
| User accepted default value 'Pre-Dose (PREDOSE)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:48

Were vital signs assessed?

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:48

Date of assessment (*dd MMM yyyy*)

| Audit | User | Time (GMT) |
|---------------------------|----------------------------------|----------------------|
| User entered '7 Oct 2020' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:48

Time of assessment (00:00-23:59)

| Audit | User | Time (GMT) |
|----------------------|----------------------------------|----------------------|
| User entered '07:47' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:48

[Vital Signs Date and Time \(derived\)](#)

| Audit | User | Time (GMT) |
|---------------------------------|--------|----------------------|
| User entered '7 Oct 2020 07:47' | System | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:48

Temperature (xxx.x)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered '98.0' F | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:48

[Route of measurement](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| User entered 'Oral (Oral)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:48

[If Other, specify](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:48

Pulse (xxx)

| Audit | User | Time (GMT) |
|-------------------|----------------------------------|----------------------|
| User entered '92' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:48

[Pulse units](#)

| Audit | User | Time (GMT) |
|--------------------|--------|----------------------|
| User entered 'bpm' | System | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:48

[Respiratory Rate \(xxx\)](#)

| Audit | User | Time (GMT) |
|-------------------|----------------------------------|----------------------|
| User entered '15' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:48

[Respiratory Rate units](#)

| Audit | User | Time (GMT) |
|----------------------------|--------|----------------------|
| User entered 'breaths/min' | System | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:48

Systolic Blood Pressure (xxx)

| Audit | User | Time (GMT) |
|--------------------|----------------------------------|----------------------|
| User entered '115' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:48

[Systolic Blood Pressure units](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered 'mmHg' | System | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:48

Diastolic Blood Pressure (xxx)

| Audit | User | Time (GMT) |
|-------------------|----------------------------------|----------------------|
| User entered '85' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:48

[Diastolic Blood Pressure units](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered 'mmHg' | System | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:53:48

Height

| Audit | User | Time (GMT) |
|------------------------------------------|----------------------------------|----------------------|
| User entered missing code ND - Not Done. | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:53:48

[Weight](#)

| Audit | User | Time (GMT) |
|------------------------------------------|----------------------------------|----------------------|
| User entered missing code ND - Not Done. | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:48

[Timepoint](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------|----------------------------------|----------------------|
| User accepted default value 'Post-Dose (POSTDOSE)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:48

Were vital signs assessed?

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:48

Date of assessment (*dd MMM yyyy*)

| Audit | User | Time (GMT) |
|---------------------------|----------------------------------|----------------------|
| User entered '7 Oct 2020' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:48

Time of assessment (00:00-23:59)

| Audit | User | Time (GMT) |
|----------------------|----------------------------------|----------------------|
| User entered '09:21' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:48

[Vital Signs Date and Time \(derived\)](#)

| Audit | User | Time (GMT) |
|---------------------------------|--------|----------------------|
| User entered '7 Oct 2020 09:21' | System | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:48

Temperature (xxx.x)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered '97.4' F | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:48

[Route of measurement](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| User entered 'Oral (Oral)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:48

[If Other, specify](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:48

Pulse (xxx)

| Audit | User | Time (GMT) |
|-------------------|----------------------------------|----------------------|
| User entered '87' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:48

[Pulse units](#)

| Audit | User | Time (GMT) |
|--------------------|--------|----------------------|
| User entered 'bpm' | System | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:48

[Respiratory Rate \(xxx\)](#)

| Audit | User | Time (GMT) |
|-------------------|----------------------------------|----------------------|
| User entered '16' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:48

[Respiratory Rate units](#)

| Audit | User | Time (GMT) |
|----------------------------|--------|----------------------|
| User entered 'breaths/min' | System | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:48

Systolic Blood Pressure (xxx)

| Audit | User | Time (GMT) |
|--------------------|----------------------------------|----------------------|
| User entered '121' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:48

[Systolic Blood Pressure units](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered 'mmHg' | System | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:48

Diastolic Blood Pressure (xxx)

| Audit | User | Time (GMT) |
|-------------------|----------------------------------|----------------------|
| User entered '80' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:48

[Diastolic Blood Pressure units](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered 'mmHg' | System | 07 Oct 2020 16:57:25 |

US3252638

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 10:53:48

Was the physical examination performed?

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:32 |

US3252638

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 10:53:48

Date of examination (*dd MMM yyyy*)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:57:32 |

US3252638

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:53:48

[Was study treatment given?](#)

| Audit | User | Time (GMT) |
|------------------------|-----------------------------------|----------------------|
| User entered 'Yes (Y)' | Joanna Gurrola (b) (4) (b) (4) | 07 Oct 2020 13:57:45 |

US3252638

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:53:48

If No, reason not given

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 07 Oct 2020 13:57:45 |

US3252638

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:53:48

If reason is Physician Decision, Withdrawal of Consent by Participant, Protocol Deviation, or Other, specify

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 07 Oct 2020 13:57:45 |

US3252638

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:53:48

[What was the study treatment?](#)

| Audit | User | Time (GMT) |
|-------------------------------------|--------|----------------------|
| User entered 'MRNA-1273 OR PLACEBO' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:53:48

What was the treatment date? (dd MMM yyyy)

| Audit | User | Time (GMT) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|
| User closed query ' Per CDM: Per CCGs Date should be entered in (DD-MMM-YYYY) format, Please review and update or comment accordingly. ' (Site from DM). | (b) (4), (b) (6) | 07 Nov 2020 20:47:52 |
| Query ' Per CDM: Per CCGs Date should be entered in (DD-MMM-YYYY) format, Please review and update or comment accordingly. ' answered with 'Date format updated.' (Site from DM). | Joanna Gurrola (b) (4) | 06 Nov 2020 22:00:04 |
| User entered '07 Oct 2020' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 06 Nov 2020 21:59:43 |
| User opened query ' Per CDM: Per CCGs Date should be entered in (DD-MMM-YYYY) format, Please review and update or comment accordingly. ' (Site from DM). | (b) (4), (b) (6) | 06 Nov 2020 21:09:41 |
| User entered '7 Oct 2020' | Joanna Gurrola (b) (4) | 07 Oct 2020 13:57:45 |

US3252638

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:53:48

[What was the treatment time? \(00:00-23:59\)](#)

| Audit | User | Time (GMT) |
|----------------------|-----------------------------------|----------------------|
| User entered '08:51' | Joanna Gurrola (b) (4) (b) (4) | 07 Oct 2020 13:57:45 |

US3252638

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:53:48

[Treatment Date and Time \(derived\)](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '07 Oct 2020 08:51' | System | 06 Nov 2020 21:59:43 |
| User entered '7 Oct 2020 08:51' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:53:48

Which arm was used to give treatment?

| Audit | User | Time (GMT) |
|------------------------------------|-----------------------------------|----------------------|
| User entered 'Left Arm (LEFT ARM)' | Joanna Gurrola (b) (4) (b) (4) | 07 Oct 2020 13:57:45 |

US3252638

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:53:48

[What was the frequency of the study treatment dosing?](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered 'ONCE' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:53:48

What was the route of administration for the study treatment?

| Audit | User | Time (GMT) |
|------------------------------|--------|----------------------|
| User entered 'INTRAMUSCULAR' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:53:48

[Was the sample collected?](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:58:13 |

US3252638

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:53:48

Collection date (*dd MMM yyyy*)

| Audit | User | Time (GMT) |
|---------------------------|----------------------------------|----------------------|
| User entered '7 Oct 2020' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:58:13 |

US3252638

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:53:48

Collection time (00:00-23:59)

| Audit | User | Time (GMT) |
|----------------------|----------------------------------|----------------------|
| User entered '08:38' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:58:13 |

US3252638

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:53:48

[Collection date and time \(derived\)](#)

| Audit | User | Time (GMT) |
|---------------------------------|--------|----------------------|
| User entered '7 Oct 2020 08:38' | System | 07 Oct 2020 16:58:13 |

US3252638

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 10:53:48

Collection date (*dd MMM yyyy*)

| Audit | User | Time (GMT) |
|---------------------------|----------------------------------|----------------------|
| User entered '7 Oct 2020' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:58:39 |

US3252638

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:53:48

[Lab Test](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------|----------------------------------|----------------------|
| User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:58:39 |

US3252638

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:53:48

[Was the sample collected?](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:58:39 |

US3252638

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:53:48

Collection time (00:00 - 23:59)

| Audit | User | Time (GMT) |
|----------------------|----------------------------------|----------------------|
| User entered '08:15' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:58:39 |

US3252638

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:53:48

[Collection date and time \(derived\)](#)

| Audit | User | Time (GMT) |
|---------------------------------|--------|----------------------|
| User entered '7 Oct 2020 08:15' | System | 07 Oct 2020 16:58:39 |

US3252638

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:53:48

[Lab Test](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------|----------------------------------|----------------------|
| User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:58:39 |

US3252638

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:53:48

[Was the sample collected?](#)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:58:39 |

US3252638

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:53:48

Collection time (00:00 - 23:59)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:58:39 |

US3252638

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:53:48

[Collection date and time \(derived\)](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered empty. | System | 07 Oct 2020 16:58:39 |

US3252638

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 10:53:48

[Is the participant continuing to the next visit?](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:58:47 |

US3252638

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 10:53:48

[Continuing Flag](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '1' | System | 07 Oct 2020 16:58:47 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|----------------------------------------------------------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 1, 30 Minutes after vaccination (at study clinic)' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

Was **TEMPERATURE** taken?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T09:19:54', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '0eafd8da-42d4-4107-a207-1aad2783c626' | System | 07 Oct 2020 14:20:15 |
| User entered 'Yes (Y)' | System | 07 Oct 2020 14:20:15 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

Please record your **TEMPERATURE** in °F

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T09:20:00', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '0eafd8da-42d4-4107-a207-1aad2783c626' | System | 07 Oct 2020 14:20:15 |
| User entered '97.4' | System | 07 Oct 2020 14:20:15 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

Was any **MEDICATION TAKEN** today for pain or fever?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T09:20:05', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '0eafd8da-42d4-4107-a207-1aad2783c626' | System | 07 Oct 2020 14:20:15 |
| User entered 'No (N)' | System | 07 Oct 2020 14:20:15 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

[PC Time Stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T09:20:11', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '0eafd8da-42d4-4107-a207-1aad2783c626' | System | 07 Oct 2020 14:20:15 |
| User entered '07 Oct 2020 09:20' | System | 07 Oct 2020 14:20:15 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '07 Oct 2020 09:11' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '07 Oct 2020 11:41' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|---------------------------------------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 1, after vaccination (at home)' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

Was **TEMPERATURE** taken?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T13:08:05', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '55d43ad6-82db-464a-990e-f56c27251894' | System | 07 Oct 2020 18:08:34 |
| User entered 'Yes (Y)' | System | 07 Oct 2020 18:08:34 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

Please record your **TEMPERATURE** in °F

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T13:08:21', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '55d43ad6-82db-464a-990e-f56c27251894' | System | 07 Oct 2020 18:08:34 |
| User entered '98.3' | System | 07 Oct 2020 18:08:34 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

Was any **MEDICATION TAKEN** today for pain or fever?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T13:08:24', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '55d43ad6-82db-464a-990e-f56c27251894' | System | 07 Oct 2020 18:08:34 |
| User entered 'No (N)' | System | 07 Oct 2020 18:08:34 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

[PC Time Stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T13:08:30', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '55d43ad6-82db-464a-990e-f56c27251894' | System | 07 Oct 2020 18:08:34 |
| User entered '07 Oct 2020 13:08' | System | 07 Oct 2020 18:08:34 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '07 Oct 2020 12:36' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '08 Oct 2020 11:59' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|----------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 2' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:53:48

Was **TEMPERATURE** taken?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-08T12:51:37', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '406c59d0-c79d-4d5a-a8b6-d47ce1746779' | System | 08 Oct 2020 17:52:04 |
| User entered 'Yes (Y)' | System | 08 Oct 2020 17:52:04 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:53:48

Please record your **TEMPERATURE** in °F

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-08T12:51:42', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '406c59d0-c79d-4d5a-a8b6-d47ce1746779' | System | 08 Oct 2020 17:52:04 |
| User entered '98.9' | System | 08 Oct 2020 17:52:04 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:53:48

Was any **MEDICATION TAKEN** today for pain or fever?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-08T12:51:49', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '406c59d0-c79d-4d5a-a8b6-d47ce1746779' | System | 08 Oct 2020 17:52:04 |
| User entered 'No (N)' | System | 08 Oct 2020 17:52:04 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:53:48

[PC Time Stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-08T12:52:01', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '406c59d0-c79d-4d5a-a8b6-d47ce1746779' | System | 08 Oct 2020 17:52:04 |
| User entered '08 Oct 2020 12:52' | System | 08 Oct 2020 17:52:04 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '08 Oct 2020 12:00' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '09 Oct 2020 11:59' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|----------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 3' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:53:48

Was **TEMPERATURE** taken?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-09T12:35:22', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '7f504fb7-38f8-47ed-b722-c3c41a2df9f8' | System | 09 Oct 2020 17:35:47 |
| User entered 'Yes (Y)' | System | 09 Oct 2020 17:35:47 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:53:48

Please record your **TEMPERATURE** in °F

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-09T12:35:30', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '7f504fb7-38f8-47ed-b722-c3c41a2df9f8' | System | 09 Oct 2020 17:35:47 |
| User entered '99.9' | System | 09 Oct 2020 17:35:47 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:53:48

Was any **MEDICATION TAKEN** today for pain or fever?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-09T12:35:38', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '7f504fb7-38f8-47ed-b722-c3c41a2df9f8' | System | 09 Oct 2020 17:35:47 |
| User entered 'No (N)' | System | 09 Oct 2020 17:35:47 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:53:48

[PC Time Stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-09T12:35:43', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '7f504fb7-38f8-47ed-b722-c3c41a2df9f8' | System | 09 Oct 2020 17:35:47 |
| User entered '09 Oct 2020 12:35' | System | 09 Oct 2020 17:35:47 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '09 Oct 2020 12:00' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '10 Oct 2020 11:59' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|----------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 4' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:53:48

Was **TEMPERATURE** taken?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-10T18:14:10', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '29d042b3-b21d-4d26-88b3-c8b7e9c59676' | System | 10 Oct 2020 23:14:24 |
| User entered 'Yes (Y)' | System | 10 Oct 2020 23:14:24 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:53:48

Please record your **TEMPERATURE** in °F

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-10T18:14:14', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '29d042b3-b21d-4d26-88b3-c8b7e9c59676' | System | 10 Oct 2020 23:14:24 |
| User entered '99.2' | System | 10 Oct 2020 23:14:24 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:53:48

Was any **MEDICATION TAKEN** today for pain or fever?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-10T18:14:18', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '29d042b3-b21d-4d26-88b3-c8b7e9c59676' | System | 10 Oct 2020 23:14:24 |
| User entered 'No (N)' | System | 10 Oct 2020 23:14:24 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:53:48

[PC Time Stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-10T18:14:21', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '29d042b3-b21d-4d26-88b3-c8b7e9c59676' | System | 10 Oct 2020 23:14:24 |
| User entered '10 Oct 2020 18:14' | System | 10 Oct 2020 23:14:24 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '10 Oct 2020 12:00' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '11 Oct 2020 11:59' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|----------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 5' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:53:48

Was **TEMPERATURE** taken?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-11T12:00:20', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'c141eb37-e80a-4e8f-b1e7-1a9a39235f18' | System | 11 Oct 2020 17:00:40 |
| User entered 'Yes (Y)' | System | 11 Oct 2020 17:00:40 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:53:48

Please record your **TEMPERATURE** in °F

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-11T12:00:23', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'c141eb37-e80a-4e8f-b1e7-1a9a39235f18' | System | 11 Oct 2020 17:00:40 |
| User entered '99.9' | System | 11 Oct 2020 17:00:40 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:53:48

Was any **MEDICATION TAKEN** today for pain or fever?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-11T12:00:26', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'c141eb37-e80a-4e8f-b1e7-1a9a39235f18' | System | 11 Oct 2020 17:00:40 |
| User entered 'No (N)' | System | 11 Oct 2020 17:00:40 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:53:48

[PC Time Stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-11T12:00:32', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'c141eb37-e80a-4e8f-b1e7-1a9a39235f18' | System | 11 Oct 2020 17:00:40 |
| User entered '11 Oct 2020 12:00' | System | 11 Oct 2020 17:00:40 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '11 Oct 2020 12:00' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '12 Oct 2020 11:59' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|----------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 6' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:53:48

Was **TEMPERATURE** taken?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-12T12:40:44', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'ae119ed5-d7d1-47e2-b34e-fde42f6f81fd' | System | 12 Oct 2020 17:40:58 |
| User entered 'Yes (Y)' | System | 12 Oct 2020 17:40:58 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:53:48

Please record your **TEMPERATURE** in °F

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-12T12:40:50', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'ae119ed5-d7d1-47e2-b34e-fde42f6f81fd' | System | 12 Oct 2020 17:40:58 |
| User entered '98.3' | System | 12 Oct 2020 17:40:58 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:53:48

Was any **MEDICATION TAKEN** today for pain or fever?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-12T12:40:53', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'ae119ed5-d7d1-47e2-b34e-fde42f6f81fd' | System | 12 Oct 2020 17:40:58 |
| User entered 'No (N)' | System | 12 Oct 2020 17:40:58 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:53:48

[PC Time Stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-12T12:40:57', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'ae119ed5-d7d1-47e2-b34e-fde42f6f81fd' | System | 12 Oct 2020 17:40:58 |
| User entered '12 Oct 2020 12:40' | System | 12 Oct 2020 17:40:58 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '12 Oct 2020 12:00' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '13 Oct 2020 11:59' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|----------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 7' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:53:48

Was **TEMPERATURE** taken?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-13T12:05:06', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '9449489f-c031-4583-b7ff-519575390311' | System | 13 Oct 2020 17:05:17 |
| User entered 'Yes (Y)' | System | 13 Oct 2020 17:05:17 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:53:48

Please record your **TEMPERATURE** in °F

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-13T12:05:09', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '9449489f-c031-4583-b7ff-519575390311' | System | 13 Oct 2020 17:05:17 |
| User entered '98.3' | System | 13 Oct 2020 17:05:17 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:53:48

Was any **MEDICATION TAKEN** today for pain or fever?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-13T12:05:12', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '9449489f-c031-4583-b7ff-519575390311' | System | 13 Oct 2020 17:05:17 |
| User entered 'No (N)' | System | 13 Oct 2020 17:05:17 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:53:48

[PC Time Stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-13T12:05:15', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '9449489f-c031-4583-b7ff-519575390311' | System | 13 Oct 2020 17:05:17 |
| User entered '13 Oct 2020 12:05' | System | 13 Oct 2020 17:05:17 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '13 Oct 2020 12:00' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '14 Oct 2020 11:59' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|----------------------------------------------------------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 1, 30 Minutes after vaccination (at study clinic)' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T09:20:21', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '932ba0ba-527d-4ebc-8675-a564acb867f8' | System | 07 Oct 2020 14:20:48 |
| User entered 'None (1)' | System | 07 Oct 2020 14:20:48 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

Is there any REDNESS AT INJECTION SITE?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T09:20:27', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '932ba0ba-527d-4ebc-8675-a564acb867f8' | System | 07 Oct 2020 14:20:48 |
| User entered 'No (N)' | System | 07 Oct 2020 14:20:48 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T09:20:30', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '932ba0ba-527d-4ebc-8675-a564acb867f8' | System | 07 Oct 2020 14:20:48 |
| User entered 'No (N)' | System | 07 Oct 2020 14:20:48 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T09:20:43', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '932ba0ba-527d-4ebc-8675-a564acb867f8' | System | 07 Oct 2020 14:20:48 |
| User entered 'None (1)' | System | 07 Oct 2020 14:20:48 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

[PC Time Stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T09:20:46', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '932ba0ba-527d-4ebc-8675-a564acb867f8' | System | 07 Oct 2020 14:20:48 |
| User entered '07 Oct 2020 09:20' | System | 07 Oct 2020 14:20:48 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '07 Oct 2020 09:11' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '07 Oct 2020 11:41' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|---------------------------------------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 1, after vaccination (at home)' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T13:08:40', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '4d7addac-05ef-4614-acc6-d8a9b305367b' | System | 07 Oct 2020 18:09:02 |
| User entered 'None (1)' | System | 07 Oct 2020 18:09:02 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

Is there any REDNESS AT INJECTION SITE?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T13:08:44', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '4d7addac-05ef-4614-acc6-d8a9b305367b' | System | 07 Oct 2020 18:09:02 |
| User entered 'No (N)' | System | 07 Oct 2020 18:09:02 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T13:08:47', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '4d7addac-05ef-4614-acc6-d8a9b305367b' | System | 07 Oct 2020 18:09:02 |
| User entered 'No (N)' | System | 07 Oct 2020 18:09:02 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T13:08:52', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '4d7addac-05ef-4614-acc6-d8a9b305367b' | System | 07 Oct 2020 18:09:02 |
| User entered 'None (1)' | System | 07 Oct 2020 18:09:02 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

[PC Time Stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T13:08:58', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '4d7addac-05ef-4614-acc6-d8a9b305367b' | System | 07 Oct 2020 18:09:02 |
| User entered '07 Oct 2020 13:08' | System | 07 Oct 2020 18:09:02 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '07 Oct 2020 12:36' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '08 Oct 2020 11:59' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|----------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 2' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:53:48

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-08T12:52:14', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '8af3cb2f-8bc5-41cd-8ced-a5ea6bf4bf3f' | System | 08 Oct 2020 17:52:38 |
| User entered 'None (1)' | System | 08 Oct 2020 17:52:38 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:53:48

Is there any REDNESS AT INJECTION SITE?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-08T12:52:18', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '8af3cb2f-8bc5-41cd-8ced-a5ea6bf4bf3f' | System | 08 Oct 2020 17:52:38 |
| User entered 'No (N)' | System | 08 Oct 2020 17:52:38 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:53:48

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-08T12:52:24', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '8af3cb2f-8bc5-41cd-8ced-a5ea6bf4bf3f' | System | 08 Oct 2020 17:52:38 |
| User entered 'No (N)' | System | 08 Oct 2020 17:52:38 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:53:48

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-08T12:52:28', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '8af3cb2f-8bc5-41cd-8ced-a5ea6bf4bf3f' | System | 08 Oct 2020 17:52:38 |
| User entered 'None (1)' | System | 08 Oct 2020 17:52:38 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:53:48

[PC Time Stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-08T12:52:36', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '8af3cb2f-8bc5-41cd-8ced-a5ea6bf4bf3f' | System | 08 Oct 2020 17:52:38 |
| User entered '08 Oct 2020 12:52' | System | 08 Oct 2020 17:52:38 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '08 Oct 2020 12:00' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '09 Oct 2020 11:59' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|----------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 3' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:53:48

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-09T12:36:12', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '4228417e-780e-4bd0-89b2-4cdb3433ff9c' | System | 09 Oct 2020 17:36:41 |
| User entered 'None (1)' | System | 09 Oct 2020 17:36:41 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:53:48

Is there any REDNESS AT INJECTION SITE?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-09T12:36:17', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '4228417e-780e-4bd0-89b2-4cdb3433ff9c' | System | 09 Oct 2020 17:36:41 |
| User entered 'No (N)' | System | 09 Oct 2020 17:36:41 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:53:48

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-09T12:36:23', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '4228417e-780e-4bd0-89b2-4cdb3433ff9c' | System | 09 Oct 2020 17:36:41 |
| User entered 'No (N)' | System | 09 Oct 2020 17:36:41 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:53:48

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-09T12:36:29', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '4228417e-780e-4bd0-89b2-4cdb3433ff9c' | System | 09 Oct 2020 17:36:41 |
| User entered 'None (1)' | System | 09 Oct 2020 17:36:41 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:53:48

[PC Time Stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-09T12:36:34', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '4228417e-780e-4bd0-89b2-4cdb3433ff9c' | System | 09 Oct 2020 17:36:41 |
| User entered '09 Oct 2020 12:36' | System | 09 Oct 2020 17:36:41 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '09 Oct 2020 12:00' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '10 Oct 2020 11:59' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|----------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 4' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:53:48

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-10T18:14:30', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '2e68f7d7-4ba7-4363-a4ce-7deebfb0b8ec' | System | 10 Oct 2020 23:15:37 |
| User entered 'None (1)' | System | 10 Oct 2020 23:15:37 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:53:48

Is there any REDNESS AT INJECTION SITE?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-10T18:14:39', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '2e68f7d7-4ba7-4363-a4ce-7deebfb0b8ec' | System | 10 Oct 2020 23:15:37 |
| User entered 'No (N)' | System | 10 Oct 2020 23:15:37 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:53:48

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-10T18:14:45', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '2e68f7d7-4ba7-4363-a4ce-7deebfb0b8ec' | System | 10 Oct 2020 23:15:37 |
| User entered 'No (N)' | System | 10 Oct 2020 23:15:37 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:53:48

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-10T18:15:27', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '2e68f7d7-4ba7-4363-a4ce-7deebfb0b8ec' | System | 10 Oct 2020 23:15:37 |
| User entered 'None (1)' | System | 10 Oct 2020 23:15:37 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:53:48

[PC Time Stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-10T18:15:32', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '2e68f7d7-4ba7-4363-a4ce-7deebfb0b8ec' | System | 10 Oct 2020 23:15:37 |
| User entered '10 Oct 2020 18:15' | System | 10 Oct 2020 23:15:37 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '10 Oct 2020 12:00' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '11 Oct 2020 11:59' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|----------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 5' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:53:48

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-11T12:00:35', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'df04baec-1557-4ac4-b02c-2b2397ba54a0' | System | 11 Oct 2020 17:00:54 |
| User entered 'None (1)' | System | 11 Oct 2020 17:00:54 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:53:48

Is there any REDNESS AT INJECTION SITE?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-11T12:00:39', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'df04baec-1557-4ac4-b02c-2b2397ba54a0' | System | 11 Oct 2020 17:00:54 |
| User entered 'No (N)' | System | 11 Oct 2020 17:00:54 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:53:48

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-11T12:00:40', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'df04baec-1557-4ac4-b02c-2b2397ba54a0' | System | 11 Oct 2020 17:00:54 |
| User entered 'No (N)' | System | 11 Oct 2020 17:00:54 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:53:48

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-11T12:00:42', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'df04baec-1557-4ac4-b02c-2b2397ba54a0' | System | 11 Oct 2020 17:00:54 |
| User entered 'None (1)' | System | 11 Oct 2020 17:00:54 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:53:48

[PC Time Stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-11T12:00:48', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'df04baec-1557-4ac4-b02c-2b2397ba54a0' | System | 11 Oct 2020 17:00:54 |
| User entered '11 Oct 2020 12:00' | System | 11 Oct 2020 17:00:54 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '11 Oct 2020 12:00' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '12 Oct 2020 11:59' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|----------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 6' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:53:48

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-12T12:41:02', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'f82e23b6-6ef7-477e-8fb2-4e20e25ac72f' | System | 12 Oct 2020 17:41:18 |
| User entered 'None (1)' | System | 12 Oct 2020 17:41:18 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:53:48

Is there any REDNESS AT INJECTION SITE?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-12T12:41:06', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'f82e23b6-6ef7-477e-8fb2-4e20e25ac72f' | System | 12 Oct 2020 17:41:18 |
| User entered 'No (N)' | System | 12 Oct 2020 17:41:18 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:53:48

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-12T12:41:08', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'f82e23b6-6ef7-477e-8fb2-4e20e25ac72f' | System | 12 Oct 2020 17:41:18 |
| User entered 'No (N)' | System | 12 Oct 2020 17:41:18 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:53:48

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-12T12:41:11', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'f82e23b6-6ef7-477e-8fb2-4e20e25ac72f' | System | 12 Oct 2020 17:41:18 |
| User entered 'None (1)' | System | 12 Oct 2020 17:41:18 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:53:48

[PC Time Stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-12T12:41:17', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'f82e23b6-6ef7-477e-8fb2-4e20e25ac72f' | System | 12 Oct 2020 17:41:18 |
| User entered '12 Oct 2020 12:41' | System | 12 Oct 2020 17:41:18 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '12 Oct 2020 12:00' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '13 Oct 2020 11:59' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|----------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 7' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:53:48

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-13T12:05:18', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '50ad3727-d5a1-4823-b2ca-a31b7746e5cf' | System | 13 Oct 2020 17:05:42 |
| User entered 'None (1)' | System | 13 Oct 2020 17:05:42 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:53:48

Is there any REDNESS AT INJECTION SITE?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-13T12:05:20', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '50ad3727-d5a1-4823-b2ca-a31b7746e5cf' | System | 13 Oct 2020 17:05:42 |
| User entered 'No (N)' | System | 13 Oct 2020 17:05:42 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:53:48

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-13T12:05:21', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '50ad3727-d5a1-4823-b2ca-a31b7746e5cf' | System | 13 Oct 2020 17:05:42 |
| User entered 'No (N)' | System | 13 Oct 2020 17:05:42 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:53:48

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-13T12:05:23', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '50ad3727-d5a1-4823-b2ca-a31b7746e5cf' | System | 13 Oct 2020 17:05:42 |
| User entered 'None (1)' | System | 13 Oct 2020 17:05:42 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:53:48

[PC Time Stamp](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-13T12:05:41', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '50ad3727-d5a1-4823-b2ca-a31b7746e5cf' User entered '13 Oct 2020 12:05' | System | 13 Oct 2020 17:05:42 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '13 Oct 2020 12:00' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '14 Oct 2020 11:59' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|----------------------------------------------------------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 1, 30 Minutes after vaccination (at study clinic)' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

HEADACHE

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T09:20:56', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'caff43f4-ddee-4dc5-b776-a9bcfac02b5e' | System | 07 Oct 2020 14:21:43 |
| User entered 'None (0)' | System | 07 Oct 2020 14:21:43 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

FATIGUE

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T09:21:02', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'caff43f4-ddee-4dc5-b776-a9bcfac02b5e' | System | 07 Oct 2020 14:21:43 |
| User entered 'None (0)' | System | 07 Oct 2020 14:21:43 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

MUSCLE ACHES ALL OVER BODY

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T09:21:08', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'caff43f4-ddee-4dc5-b776-a9bcfac02b5e' | System | 07 Oct 2020 14:21:43 |
| User entered 'None (0)' | System | 07 Oct 2020 14:21:43 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

JOINT ACHES IN SEVERAL JOINTS

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T09:21:14', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'caff43f4-ddee-4dc5-b776-a9bcfac02b5e' | System | 07 Oct 2020 14:21:43 |
| User entered 'None (0)' | System | 07 Oct 2020 14:21:43 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

NAUSEA/VOMITING

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T09:21:17', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'caff43f4-ddee-4dc5-b776-a9bcfac02b5e' | System | 07 Oct 2020 14:21:43 |
| User entered 'None (0)' | System | 07 Oct 2020 14:21:43 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

CHILLS

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T09:21:22', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'caff43f4-ddee-4dc5-b776-a9bcfac02b5e' | System | 07 Oct 2020 14:21:43 |
| User entered 'None (0)' | System | 07 Oct 2020 14:21:43 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T09:21:31', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'caff43f4-ddee-4dc5-b776-a9bcfac02b5e' | System | 07 Oct 2020 14:21:43 |
| User entered 'No (N)' | System | 07 Oct 2020 14:21:43 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

[PC Time stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T09:21:39', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'caff43f4-ddee-4dc5-b776-a9bcfac02b5e' | System | 07 Oct 2020 14:21:43 |
| User entered '07 Oct 2020 09:21' | System | 07 Oct 2020 14:21:43 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '07 Oct 2020 09:11' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '07 Oct 2020 11:41' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|---------------------------------------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 1, after vaccination (at home)' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

HEADACHE

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T13:09:02', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '4d6e8fcb-fdcd-47a2-9f67-e57e0342bdb5' | System | 07 Oct 2020 18:09:34 |
| User entered 'None (0)' | System | 07 Oct 2020 18:09:34 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

FATIGUE

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T13:09:04', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '4d6e8fcb-fdcd-47a2-9f67-e57e0342bdb5' | System | 07 Oct 2020 18:09:34 |
| User entered 'None (0)' | System | 07 Oct 2020 18:09:34 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

MUSCLE ACHES ALL OVER BODY

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T13:09:05', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '4d6e8fcb-fdcd-47a2-9f67-e57e0342bdb5' | System | 07 Oct 2020 18:09:34 |
| User entered 'None (0)' | System | 07 Oct 2020 18:09:34 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

JOINT ACHES IN SEVERAL JOINTS

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T13:09:11', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '4d6e8fcb-fdcd-47a2-9f67-e57e0342bdb5' | System | 07 Oct 2020 18:09:34 |
| User entered 'None (0)' | System | 07 Oct 2020 18:09:34 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

NAUSEA/VOMITING

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T13:09:16', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '4d6e8fcb-fdcd-47a2-9f67-e57e0342bdb5' | System | 07 Oct 2020 18:09:34 |
| User entered 'None (0)' | System | 07 Oct 2020 18:09:34 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

CHILLS

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T13:09:19', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '4d6e8fcb-fdcd-47a2-9f67-e57e0342bdb5' | System | 07 Oct 2020 18:09:34 |
| User entered 'None (0)' | System | 07 Oct 2020 18:09:34 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T13:09:26', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '4d6e8fcb-fdcd-47a2-9f67-e57e0342bdb5' | System | 07 Oct 2020 18:09:34 |
| User entered 'No (N)' | System | 07 Oct 2020 18:09:34 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

[PC Time stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-07T13:09:29', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '4d6e8fcb-fdcd-47a2-9f67-e57e0342bdb5' | System | 07 Oct 2020 18:09:34 |
| User entered '07 Oct 2020 13:09' | System | 07 Oct 2020 18:09:34 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '07 Oct 2020 12:36' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '08 Oct 2020 11:59' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|----------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 2' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:48

HEADACHE

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-08T12:52:41', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'f46a614d-3f6d-4d4a-ae95-6f98e662b65b' | System | 08 Oct 2020 17:53:20 |
| User entered 'None (0)' | System | 08 Oct 2020 17:53:20 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:48

FATIGUE

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-08T12:52:56', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'f46a614d-3f6d-4d4a-ae95-6f98e662b65b' | System | 08 Oct 2020 17:53:20 |
| User entered 'None (0)' | System | 08 Oct 2020 17:53:20 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:48

MUSCLE ACHES ALL OVER BODY

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-08T12:53:00', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'f46a614d-3f6d-4d4a-ae95-6f98e662b65b' | System | 08 Oct 2020 17:53:20 |
| User entered 'None (0)' | System | 08 Oct 2020 17:53:20 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:48

JOINT ACHES IN SEVERAL JOINTS

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-08T12:53:02', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'f46a614d-3f6d-4d4a-ae95-6f98e662b65b' | System | 08 Oct 2020 17:53:20 |
| User entered 'None (0)' | System | 08 Oct 2020 17:53:20 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:48

NAUSEA/VOMITING

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-08T12:53:09', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'f46a614d-3f6d-4d4a-ae95-6f98e662b65b' | System | 08 Oct 2020 17:53:20 |
| User entered 'None (0)' | System | 08 Oct 2020 17:53:20 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:48

CHILLS

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-08T12:53:11', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'f46a614d-3f6d-4d4a-ae95-6f98e662b65b' | System | 08 Oct 2020 17:53:20 |
| User entered 'None (0)' | System | 08 Oct 2020 17:53:20 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:48

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-08T12:53:13', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'f46a614d-3f6d-4d4a-ae95-6f98e662b65b' | System | 08 Oct 2020 17:53:20 |
| User entered 'No (N)' | System | 08 Oct 2020 17:53:20 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:48

[PC Time stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-08T12:53:18', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'f46a614d-3f6d-4d4a-ae95-6f98e662b65b' | System | 08 Oct 2020 17:53:20 |
| User entered '08 Oct 2020 12:53' | System | 08 Oct 2020 17:53:20 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '08 Oct 2020 12:00' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '09 Oct 2020 11:59' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|----------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 3' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:48

HEADACHE

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-09T12:36:41', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '3a5baaaf-d656-4b9d-9fec-17b899451e8b' | System | 09 Oct 2020 17:37:49 |
| User entered 'No interference with activity (1)' | System | 09 Oct 2020 17:37:49 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:48

FATIGUE

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-09T12:36:48', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '3a5baaaf-d656-4b9d-9fec-17b899451e8b' | System | 09 Oct 2020 17:37:49 |
| User entered 'None (0)' | System | 09 Oct 2020 17:37:49 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:48

MUSCLE ACHES ALL OVER BODY

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-09T12:36:59', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '3a5baaaf-d656-4b9d-9fec-17b899451e8b' | System | 09 Oct 2020 17:37:49 |
| User entered 'None (0)' | System | 09 Oct 2020 17:37:49 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:48

JOINT ACHES IN SEVERAL JOINTS

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-09T12:37:03', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '3a5baaaf-d656-4b9d-9fec-17b899451e8b' | System | 09 Oct 2020 17:37:49 |
| User entered 'None (0)' | System | 09 Oct 2020 17:37:49 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:48

NAUSEA/VOMITING

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-09T12:37:05', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '3a5baaaf-d656-4b9d-9fec-17b899451e8b' | System | 09 Oct 2020 17:37:49 |
| User entered 'None (0)' | System | 09 Oct 2020 17:37:49 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:48

CHILLS

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-09T12:37:07', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '3a5baaaf-d656-4b9d-9fec-17b899451e8b' | System | 09 Oct 2020 17:37:49 |
| User entered 'None (0)' | System | 09 Oct 2020 17:37:49 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:48

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-09T12:37:13', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '3a5baaaf-d656-4b9d-9fec-17b899451e8b' | System | 09 Oct 2020 17:37:49 |
| User entered 'No (N)' | System | 09 Oct 2020 17:37:49 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:48

[PC Time stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-09T12:37:19', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '3a5baaaf-d656-4b9d-9fec-17b899451e8b' | System | 09 Oct 2020 17:37:49 |
| User entered '09 Oct 2020 12:37' | System | 09 Oct 2020 17:37:49 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '09 Oct 2020 12:00' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '10 Oct 2020 11:59' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|----------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 4' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:48

HEADACHE

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-10T18:16:02', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '380a9e80-8577-401f-ae06-01e64bf9ec7e' | System | 10 Oct 2020 23:16:25 |
| User entered 'None (0)' | System | 10 Oct 2020 23:16:25 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:48

FATIGUE

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-10T18:16:06', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '380a9e80-8577-401f-ae06-01e64bf9ec7e' | System | 10 Oct 2020 23:16:25 |
| User entered 'None (0)' | System | 10 Oct 2020 23:16:25 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:48

MUSCLE ACHES ALL OVER BODY

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-10T18:16:08', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '380a9e80-8577-401f-ae06-01e64bf9ec7e' | System | 10 Oct 2020 23:16:25 |
| User entered 'None (0)' | System | 10 Oct 2020 23:16:25 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:48

JOINT ACHES IN SEVERAL JOINTS

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-10T18:16:10', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '380a9e80-8577-401f-ae06-01e64bf9ec7e' | System | 10 Oct 2020 23:16:25 |
| User entered 'None (0)' | System | 10 Oct 2020 23:16:25 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:48

NAUSEA/VOMITING

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-10T18:16:12', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '380a9e80-8577-401f-ae06-01e64bf9ec7e' | System | 10 Oct 2020 23:16:25 |
| User entered 'None (0)' | System | 10 Oct 2020 23:16:25 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:48

CHILLS

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-10T18:16:13', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '380a9e80-8577-401f-ae06-01e64bf9ec7e' | System | 10 Oct 2020 23:16:25 |
| User entered 'None (0)' | System | 10 Oct 2020 23:16:25 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:48

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-10T18:16:15', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '380a9e80-8577-401f-ae06-01e64bf9ec7e' | System | 10 Oct 2020 23:16:25 |
| User entered 'No (N)' | System | 10 Oct 2020 23:16:25 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:48

[PC Time stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-10T18:16:20', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '380a9e80-8577-401f-ae06-01e64bf9ec7e' | System | 10 Oct 2020 23:16:25 |
| User entered '10 Oct 2020 18:16' | System | 10 Oct 2020 23:16:25 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '10 Oct 2020 12:00' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '11 Oct 2020 11:59' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|----------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 5' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:48

HEADACHE

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-11T12:00:52', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'edf3c28d-aac2-4e7b-a55b-08f0dcabd093' | System | 11 Oct 2020 17:01:15 |
| User entered 'None (0)' | System | 11 Oct 2020 17:01:15 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:48

FATIGUE

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-11T12:00:54', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'edf3c28d-aac2-4e7b-a55b-08f0dcabd093' | System | 11 Oct 2020 17:01:15 |
| User entered 'None (0)' | System | 11 Oct 2020 17:01:15 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:48

MUSCLE ACHES ALL OVER BODY

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-11T12:00:56', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'edf3c28d-aac2-4e7b-a55b-08f0dcabd093' | System | 11 Oct 2020 17:01:15 |
| User entered 'None (0)' | System | 11 Oct 2020 17:01:15 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:48

JOINT ACHES IN SEVERAL JOINTS

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-11T12:00:57', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'edf3c28d-aac2-4e7b-a55b-08f0dcabd093' | System | 11 Oct 2020 17:01:15 |
| User entered 'None (0)' | System | 11 Oct 2020 17:01:15 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:48

NAUSEA/VOMITING

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-11T12:00:59', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'edf3c28d-aac2-4e7b-a55b-08f0dcabd093' | System | 11 Oct 2020 17:01:15 |
| User entered 'None (0)' | System | 11 Oct 2020 17:01:15 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:48

CHILLS

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-11T12:01:00', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'edf3c28d-aac2-4e7b-a55b-08f0dcabd093' | System | 11 Oct 2020 17:01:15 |
| User entered 'None (0)' | System | 11 Oct 2020 17:01:15 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:48

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-11T12:01:02', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'edf3c28d-aac2-4e7b-a55b-08f0dcabd093' | System | 11 Oct 2020 17:01:15 |
| User entered 'No (N)' | System | 11 Oct 2020 17:01:15 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:48

[PC Time stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-11T12:01:07', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'edf3c28d-aac2-4e7b-a55b-08f0dcabd093' | System | 11 Oct 2020 17:01:15 |
| User entered '11 Oct 2020 12:01' | System | 11 Oct 2020 17:01:15 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '11 Oct 2020 12:00' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '12 Oct 2020 11:59' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|----------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 6' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:48

HEADACHE

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-12T12:41:20', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '05586d8f-d8dd-4806-9efd-3c0b188a5058' | System | 12 Oct 2020 17:41:39 |
| User entered 'None (0)' | System | 12 Oct 2020 17:41:39 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:48

FATIGUE

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-12T12:41:21', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '05586d8f-d8dd-4806-9efd-3c0b188a5058' | System | 12 Oct 2020 17:41:39 |
| User entered 'None (0)' | System | 12 Oct 2020 17:41:39 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:48

MUSCLE ACHES ALL OVER BODY

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-12T12:41:23', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '05586d8f-d8dd-4806-9efd-3c0b188a5058' | System | 12 Oct 2020 17:41:39 |
| User entered 'None (0)' | System | 12 Oct 2020 17:41:39 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:48

JOINT ACHES IN SEVERAL JOINTS

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-12T12:41:24', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '05586d8f-d8dd-4806-9efd-3c0b188a5058' | System | 12 Oct 2020 17:41:39 |
| User entered 'None (0)' | System | 12 Oct 2020 17:41:39 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:48

NAUSEA/VOMITING

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-12T12:41:26', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '05586d8f-d8dd-4806-9efd-3c0b188a5058' | System | 12 Oct 2020 17:41:39 |
| User entered 'None (0)' | System | 12 Oct 2020 17:41:39 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:48

CHILLS

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-12T12:41:27', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '05586d8f-d8dd-4806-9efd-3c0b188a5058' | System | 12 Oct 2020 17:41:39 |
| User entered 'None (0)' | System | 12 Oct 2020 17:41:39 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:48

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-12T12:41:30', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '05586d8f-d8dd-4806-9efd-3c0b188a5058' | System | 12 Oct 2020 17:41:39 |
| User entered 'No (N)' | System | 12 Oct 2020 17:41:39 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:48

[PC Time stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-12T12:41:35', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: '05586d8f-d8dd-4806-9efd-3c0b188a5058' | System | 12 Oct 2020 17:41:39 |
| User entered '12 Oct 2020 12:41' | System | 12 Oct 2020 17:41:39 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '12 Oct 2020 12:00' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '13 Oct 2020 11:59' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|----------------------|--------|----------------------|
| Data entry locked. | System | 07 Oct 2020 13:57:45 |
| User entered 'Day 7' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:48

HEADACHE

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-13T12:05:44', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'd0fa3f19-d323-405f-aa8d-ea8b634afb1f' | System | 13 Oct 2020 17:06:07 |
| User entered 'None (0)' | System | 13 Oct 2020 17:06:07 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:48

FATIGUE

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-13T12:05:46', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'd0fa3f19-d323-405f-aa8d-ea8b634afb1f' | System | 13 Oct 2020 17:06:07 |
| User entered 'None (0)' | System | 13 Oct 2020 17:06:07 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:48

MUSCLE ACHES ALL OVER BODY

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-13T12:05:48', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'd0fa3f19-d323-405f-aa8d-ea8b634afb1f' | System | 13 Oct 2020 17:06:07 |
| User entered 'None (0)' | System | 13 Oct 2020 17:06:07 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:48

JOINT ACHES IN SEVERAL JOINTS

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-13T12:05:49', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'd0fa3f19-d323-405f-aa8d-ea8b634afb1f' | System | 13 Oct 2020 17:06:07 |
| User entered 'None (0)' | System | 13 Oct 2020 17:06:07 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:48

NAUSEA/VOMITING

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-13T12:05:50', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'd0fa3f19-d323-405f-aa8d-ea8b634afb1f' | System | 13 Oct 2020 17:06:07 |
| User entered 'None (0)' | System | 13 Oct 2020 17:06:07 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:48

CHILLS

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-13T12:05:52', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'd0fa3f19-d323-405f-aa8d-ea8b634afb1f' | System | 13 Oct 2020 17:06:07 |
| User entered 'None (0)' | System | 13 Oct 2020 17:06:07 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:48

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-13T12:05:53', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'd0fa3f19-d323-405f-aa8d-ea8b634afb1f' | System | 13 Oct 2020 17:06:07 |
| User entered 'No (N)' | System | 13 Oct 2020 17:06:07 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:48

[PC Time stamp](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (bd7355c594046421)', Time: '2020-10-13T12:06:01', User OID: 'PatientReportedOutcome (US3252638)', ODM File OID: 'd0fa3f19-d323-405f-aa8d-ea8b634afb1f' | System | 13 Oct 2020 17:06:07 |
| User entered '13 Oct 2020 12:06' | System | 13 Oct 2020 17:06:07 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:48

[PC Open Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '13 Oct 2020 12:00' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:48

[PC Close Date & Time](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '14 Oct 2020 11:59' | System | 07 Oct 2020 13:57:45 |

US3252638

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:48

[Was Contact Attempted?](#)

| Audit | User | Time (GMT) |
|------------------------|-----------------------------------|----------------------|
| User entered 'Yes (Y)' | Nancy Torrence (b) (4) (b) (4) | 15 Oct 2020 04:07:33 |

US3252638

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:48

Date of Contact or Contact Attempt (*dd MMM yyyy*)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered '14 Oct 2020' | Nancy Torrence (b) (4) (b) (4) | 15 Oct 2020 04:07:33 |

US3252638

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:48

[Please select one status for the follow-up contact](#)

| Audit | User | Time (GMT) |
|--------------------------------------------|-----------------------------------|----------------------|
| User entered 'Contact Made (CONTACT MADE)' | Nancy Torrence (b) (4) (b) (4) | 15 Oct 2020 04:07:33 |

US3252638

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:48

[Comments](#)

If Contact Not Made, please provide Comments

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Nancy Torrence (b) (4) (b) (4) | 15 Oct 2020 04:07:33 |

US3252638

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:48

[Is the participant continuing to the next visit?](#)

| Audit | User | Time (GMT) |
|------------------------|-----------------------------------|----------------------|
| User entered 'Yes (Y)' | Nancy Torrence (b) (4) (b) (4) | 15 Oct 2020 04:08:09 |

US3252638

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:48

[Continuing Flag](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered 'I' | System | 15 Oct 2020 04:08:09 |

US3252638

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:48

[Was Contact Attempted?](#)

| Audit | User | Time (GMT) |
|------------------------|-----------------------------------|----------------------|
| User entered 'Yes (Y)' | Nancy Torrence (b) (4) (b) (4) | 22 Oct 2020 03:33:04 |

US3252638

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:48

Date of Contact or Contact Attempt (*dd MMM yyyy*)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered '21 Oct 2020' | Nancy Torrence (b) (4) (b) (4) | 22 Oct 2020 03:33:04 |

US3252638

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:48

[Please select one status for the follow-up contact](#)

| Audit | User | Time (GMT) |
|--------------------------------------------|-----------------------------------|----------------------|
| User entered 'Contact Made (CONTACT MADE)' | Nancy Torrence (b) (4) (b) (4) | 22 Oct 2020 03:33:04 |

US3252638

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:48

[Comments](#)

If Contact Not Made, please provide Comments

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Nancy Torrence (b) (4) (b) (4) | 22 Oct 2020 03:33:04 |

US3252638

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:48

[Is the participant continuing to the next visit?](#)

| Audit | User | Time (GMT) |
|------------------------|-----------------------------------|----------------------|
| User entered 'Yes (Y)' | Nancy Torrence (b) (4) (b) (4) | 22 Oct 2020 03:33:10 |

US3252638

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:48

[Continuing Flag](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered 'I' | System | 22 Oct 2020 03:33:10 |

US3252638

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:48

[Was Contact Attempted?](#)

| Audit | User | Time (GMT) |
|------------------------|-----------------------------------|----------------------|
| User entered 'Yes (Y)' | Nancy Torrence (b) (4) (b) (4) | 29 Oct 2020 02:13:54 |

US3252638

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:48

Date of Contact or Contact Attempt (*dd MMM yyyy*)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered '28 Oct 2020' | Nancy Torrence (b) (4) (b) (4) | 29 Oct 2020 02:13:54 |

US3252638

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:48

[Please select one status for the follow-up contact](#)

| Audit | User | Time (GMT) |
|--------------------------------------------|-----------------------------------|----------------------|
| User entered 'Contact Made (CONTACT MADE)' | Nancy Torrence (b) (4) (b) (4) | 29 Oct 2020 02:13:54 |

US3252638

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:48

[Comments](#)

If Contact Not Made, please provide Comments

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Nancy Torrence (b) (4) (b) (4) | 29 Oct 2020 02:13:54 |

US3252638

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:48

[Is the participant continuing to the next visit?](#)

| Audit | User | Time (GMT) |
|---------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|
| User closed query 'Per CDM: Please complete Visit 2 forms else clarify.' (Site from DM). | (b) (4), (b) (6) | 06 Nov 2020 16:19:03 |
| Query 'Per CDM: Please complete Visit 2 forms else clarify.' answered with 'Patient is in illness visit.' (Site from DM). | Uche Ehiemua (b) (4) | 06 Nov 2020 14:37:30 |
| User entered 'No (N)' reason for change: Data Entry Error | (b) (4) | 06 Nov 2020 14:35:25 |
| User opened query 'Per CDM: Please complete Visit 2 forms else clarify.' (Site from DM). | (b) (4), (b) (6) | 06 Nov 2020 13:49:45 |
| User entered 'Yes (Y)' | Nancy Torrence (b) (4) | 29 Oct 2020 02:13:59 |

US3252638

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:48

[Continuing Flag](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered empty. | System | 06 Nov 2020 14:35:25 |
| User entered '1' | System | 29 Oct 2020 02:13:59 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 61' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '04 Dec 2020 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '08 Dec 2020 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 68' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '11 Dec 2020 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '15 Dec 2020 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 75' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '18 Dec 2020 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '22 Dec 2020 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 82' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '25 Dec 2020 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '29 Dec 2020 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 89' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '01 Jan 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '05 Jan 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 96' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '08 Jan 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '12 Jan 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 103' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '15 Jan 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '19 Jan 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 110' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '22 Jan 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '26 Jan 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 117' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '29 Jan 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '02 Feb 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 124' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '05 Feb 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '09 Feb 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 131' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '12 Feb 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '16 Feb 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 138' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '19 Feb 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '23 Feb 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 145' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '26 Feb 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '02 Mar 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 152' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '05 Mar 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '09 Mar 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 159' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '12 Mar 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '16 Mar 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 166' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '19 Mar 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '23 Mar 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 173' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '26 Mar 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '30 Mar 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 180' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '02 Apr 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '06 Apr 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 187' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '09 Apr 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '13 Apr 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 194' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '16 Apr 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '20 Apr 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 201' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '23 Apr 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '27 Apr 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 208' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '30 Apr 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '04 May 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 215' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '07 May 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '11 May 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 222' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '14 May 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '18 May 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 229' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '21 May 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '25 May 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 236' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '28 May 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '01 Jun 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 243' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '04 Jun 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '08 Jun 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 250' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '11 Jun 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '15 Jun 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 257' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '18 Jun 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '22 Jun 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 264' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '25 Jun 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '29 Jun 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 271' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '02 Jul 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '06 Jul 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 278' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '09 Jul 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '13 Jul 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 285' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '16 Jul 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '20 Jul 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 292' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '23 Jul 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '27 Jul 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 299' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '30 Jul 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '03 Aug 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 306' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '06 Aug 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '10 Aug 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 313' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '13 Aug 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '17 Aug 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 320' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '20 Aug 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '24 Aug 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 327' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '27 Aug 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '31 Aug 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 334' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '03 Sep 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '07 Sep 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 341' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '10 Sep 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '14 Sep 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 348' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '17 Sep 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '21 Sep 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 355' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '24 Sep 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '28 Sep 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 362' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '01 Oct 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '05 Oct 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 369' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '08 Oct 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '12 Oct 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 376' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '15 Oct 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '19 Oct 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 383' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '22 Oct 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '26 Oct 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 390' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '29 Oct 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '02 Nov 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 397' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '05 Nov 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '09 Nov 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 404' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '12 Nov 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '16 Nov 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 411' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '19 Nov 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '23 Nov 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 418' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '26 Nov 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '30 Nov 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 425' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '03 Dec 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '07 Dec 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 432' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '10 Dec 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '14 Dec 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 439' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '17 Dec 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '21 Dec 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 446' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '24 Dec 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '28 Dec 2021 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 453' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '31 Dec 2021 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '04 Jan 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 460' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '07 Jan 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '11 Jan 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 467' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '14 Jan 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '18 Jan 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 474' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '21 Jan 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '25 Jan 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 481' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '28 Jan 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '01 Feb 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 488' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '04 Feb 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '08 Feb 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 495' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '11 Feb 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '15 Feb 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 502' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '18 Feb 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '22 Feb 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 509' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '25 Feb 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '01 Mar 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 516' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '04 Mar 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '08 Mar 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 523' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '11 Mar 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '15 Mar 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 530' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '18 Mar 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '22 Mar 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 537' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '25 Mar 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '29 Mar 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 544' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '01 Apr 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '05 Apr 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 551' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '08 Apr 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '12 Apr 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 558' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '15 Apr 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '19 Apr 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 565' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '22 Apr 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '26 Apr 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 572' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '29 Apr 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '03 May 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 579' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '06 May 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '10 May 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 586' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '13 May 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '17 May 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 593' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '20 May 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '24 May 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 600' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '27 May 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '31 May 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 607' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '03 Jun 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '07 Jun 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 614' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '10 Jun 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '14 Jun 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 621' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '17 Jun 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '21 Jun 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 628' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '24 Jun 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '28 Jun 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 635' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '01 Jul 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '05 Jul 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 642' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '08 Jul 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '12 Jul 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 649' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '15 Jul 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '19 Jul 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 656' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '22 Jul 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '26 Jul 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 663' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '29 Jul 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '02 Aug 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 670' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '05 Aug 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '09 Aug 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 677' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '12 Aug 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '16 Aug 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 684' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '19 Aug 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '23 Aug 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 691' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '26 Aug 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '30 Aug 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 698' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '02 Sep 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '06 Sep 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 705' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '09 Sep 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '13 Sep 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 712' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '16 Sep 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '20 Sep 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 719' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '23 Sep 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '27 Sep 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 726' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '30 Sep 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '04 Oct 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 733' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '07 Oct 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '11 Oct 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 740' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '14 Oct 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '18 Oct 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 747' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '21 Oct 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '25 Oct 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 754' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '28 Oct 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '01 Nov 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 761' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '04 Nov 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '08 Nov 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 768' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '11 Nov 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '15 Nov 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 775' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '18 Nov 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '22 Nov 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 782' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '25 Nov 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '29 Nov 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 789' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '02 Dec 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '06 Dec 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

TIMEPOINT

| Audit | User | Time (GMT) |
|-------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered 'Day 796' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Open Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '09 Dec 2022 00:01' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:48

[Patient Cloud Close Date & Time](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------|--------|----------------------|
| Amendment Manager: Data entry locked. | System | 20 Nov 2020 11:55:50 |
| Amendment Manager: User entered '13 Dec 2022 23:59' | System | 20 Nov 2020 11:55:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:53:48

[Date of Contact](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 20:39:59 |
| User entered '28 Oct 2020' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:39:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:53:48

[Time of Contact](#)

| Audit | User | Time (GMT) |
|----------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 20:40:01 |
| User entered '15:35' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:39:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:53:48

[Date and Time of Contact \(derived\)](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '28 Oct 2020 15:35' | System | 03 Nov 2020 03:39:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:53:48

[Type of Contact](#)

| Audit | User | Time (GMT) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|
| User closed query 'Please verify as date matches safety call day 22' (Site from CRA). | (b) (4), (b) (6) | 15 Nov 2020 20:41:53 |
| Query 'Please verify as date matches safety call day 22' answered with 'yes patient was contacted for her safety phone call and then when presented with symptoms over the phone, was brought in that same day for a clinical visit. ' (Site from CRA). | Xavier Morales (b) (4) | 12 Nov 2020 23:08:12 |
| User opened query 'Please verify as date matches safety call day 22' (Site from CRA). | (b) (4), (b) (6) | 08 Nov 2020 22:12:54 |
| Query 'Per ETRTR: Please consider updating to "Clinic Visit - Unscheduled" due to Visit not occurring at a Protocol Scheduled Visit, thanks.' canceled (Site from CRA). | (b) (4), (b) (6) | 08 Nov 2020 22:12:37 |
| User opened query 'Per ETRTR: Please consider updating to "Clinic Visit - Unscheduled" due to Visit not occurring at a Protocol Scheduled Visit, thanks.' (Site from CRA). | (b) (4), (b) (6) | 06 Nov 2020 23:23:42 |
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 20:40:02 |
| User entered 'Clinic Visit - Scheduled (Clinic Visit Scheduled)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:39:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:53:48

[Has the subject reported symptoms of SARS-COV-2?](#)

| Audit | User | Time (GMT) |
|------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 20:40:04 |
| User entered 'Yes (Y)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:39:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|------------------------------|-----------------------------------|----------------------|
| User entered 'Day 1 (Day 1)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:29:31 |
| User closed query 'Per ETRTR: Per guidelines, please add Symptoms reported prior to 28Oct20 Illness Visit Day 1, thanks.' (Site from CRA). | (b) (4), (b) (6) | 07 Nov 2020 19:17:48 |
| Query 'Per ETRTR: Per guidelines, please add Symptoms reported prior to 28Oct20 Illness Visit Day 1, thanks.' answered with 'updated.' (Site from CRA). | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:13:48 |
| User entered '24 Oct 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:13:12 |
| User opened query 'Per ETRTR: Per guidelines, please add Symptoms reported prior to 28Oct20 Illness Visit Day 1, thanks.' (Site from CRA). | (b) (4), (b) (6) | 06 Nov 2020 23:32:10 |
| User entered '28 Oct 2020' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:29:33 |
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:29:34 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:13:12 |
| User entered '98' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:41:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered empty. | System | 07 Nov 2020 07:13:12 |
| User entered '%' | System | 03 Nov 2020 03:41:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:31:39 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:13:12 |
| User entered '99.9' F | Joanna Gurrola (b) (4) | 03 Nov 2020 03:41:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:29:40 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:29:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:29:46 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:29:44 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:29:42 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:29:55 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:30:12 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:30:00 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:30:03 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:30:05 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:30:08 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:30:10 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:30:14 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:30:15 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:30:17 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:30:19 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|------------------------------|-----------------------------------|----------------------|
| User entered 'Day 2 (Day 2)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:55:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:32:34 |
| User entered '25 Oct 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered '29 Oct 2020' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:55:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:32:35 |
| User entered '0' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:03:05 |
| User entered '1' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered '0' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:55:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:34:30 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered '96' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:55:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered empty. | System | 07 Nov 2020 07:18:38 |
| User entered '%' | System | 03 Nov 2020 03:55:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:34:27 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered '100.2' F | Joanna Gurrola (b) (4) | 03 Nov 2020 03:55:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:34:21 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:03:05 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:55:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:33:43 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:03:05 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:55:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:34:20 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:03:05 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:55:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:34:16 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:03:05 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:55:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:33:47 |
| User entered 'Moderate (Moderate)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:03:05 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:55:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:34:18 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:03:05 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:55:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:34:15 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:03:05 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:55:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:34:13 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:03:05 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Moderate (Moderate)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:55:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:33:56 |
| User entered 'Moderate (Moderate)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:03:05 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:55:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:33:58 |
| User entered 'Moderate (Moderate)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:03:05 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:55:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:34:11 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:03:05 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:55:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:34:00 |
| User entered 'Moderate (Moderate)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:03:05 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:55:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:34:09 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:03:05 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:55:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:34:07 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:03:05 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:55:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:34:05 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:03:05 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:55:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:34:02 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:03:05 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:55:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|------------------------------|-----------------------------------|----------------------|
| User entered 'Day 3 (Day 3)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:57:37 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:34:52 |
| User entered '26 Oct 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered '30 Oct 2020' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:57:37 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:34:56 |
| User entered '0' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:06:06 |
| User entered '1' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered '0' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:57:37 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:35:40 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered '98' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:57:37 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered empty. | System | 07 Nov 2020 07:18:38 |
| User entered '%' | System | 03 Nov 2020 03:57:37 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:35:42 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered '97.3' F | Joanna Gurrola (b) (4) | 03 Nov 2020 03:57:37 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:35:44 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:06:06 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:57:37 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:35:02 |
| User entered 'Moderate (Moderate)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:06:06 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:57:37 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:35:46 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:06:06 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:57:37 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:35:47 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:06:06 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:57:37 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:35:04 |
| User entered 'Moderate (Moderate)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:06:06 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Moderate (Moderate)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:57:37 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:35:49 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:06:06 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:57:37 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:35:51 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:06:06 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:57:37 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:35:52 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:06:06 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:57:37 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:35:34 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:06:06 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:57:37 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:35:35 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:06:06 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:57:37 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:35:54 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:06:06 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:57:37 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|---------------------------------------------------------------------------------------------------|------------------------|----------------------|
| User closed query 'Per source, Mild. Please review and reconcile. ' (Site from CRA). | (b) (4), (b) (6) | 24 Nov 2020 18:19:23 |
| DataPoint Verified. | (b) (4), (b) (6) | 24 Nov 2020 18:19:21 |
| Query 'Per source, Mild. Please review and reconcile. ' answered with 'Updated.' (Site from CRA). | Joanna Gurrola (b) (4) | 23 Nov 2020 02:27:38 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 23 Nov 2020 02:27:30 |
| User opened query 'Per source, Mild. Please review and reconcile. ' (Site from CRA). | (b) (4), (b) (6) | 22 Nov 2020 22:35:25 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:06:06 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:57:37 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:35:56 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:06:06 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:57:37 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:35:58 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:06:06 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:57:37 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:35:59 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:06:06 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:57:37 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:36:00 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:06:06 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:57:37 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|------------------------------|-----------------------------------|----------------------|
| User entered 'Day 4 (Day 4)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:59:40 |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:42:32 |
| User entered '27 Oct 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered '31 Oct 2020' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:59:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:43:28 |
| User entered '0' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:08:23 |
| User entered '1' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered '0' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:59:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:43:26 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered '94' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:59:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered empty. | System | 07 Nov 2020 07:18:38 |
| User entered '%' | System | 03 Nov 2020 03:59:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:43:25 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered '98.4' F | Joanna Gurrola (b) (4) | 03 Nov 2020 03:59:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:43:23 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:08:23 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:59:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:42:35 |
| User entered 'Moderate (Moderate)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:08:23 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:59:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:43:21 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:08:23 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:59:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:43:19 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:08:23 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:59:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:43:17 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:08:23 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Moderate (Moderate)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:59:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:43:16 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:08:23 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:59:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:42:53 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:08:23 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:59:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:43:14 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:08:23 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Moderate (Moderate)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:59:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:42:56 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:08:23 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:59:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:43:12 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:08:23 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:59:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:43:09 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:08:23 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:59:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:42:42 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:08:23 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:59:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:43:07 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:08:23 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:59:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:43:04 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:08:23 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:59:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:43:02 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:08:23 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:59:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:43:00 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 11 Nov 2020 22:08:23 |
| User entered empty; reason for change Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:18:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:59:40 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|------------------------------|-----------------------------------|----------------------|
| User entered 'Day 5 (Day 5)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 04:02:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:43:40 |
| DataPoint Un-verified. | (b) (4), (b) (6) | 11 Nov 2020 18:40:03 |
| DataPoint Verified. | (b) (4), (b) (6) | 11 Nov 2020 18:39:05 |
| User entered '28 Oct 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:26:15 |
| User entered '1 Nov 2020' | Joanna Gurrola (b) (4) | 03 Nov 2020 04:02:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:43:45 |
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 04:02:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|-------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:43:50 |
| User entered '98' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:30:13 |
| User entered '9' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:29:44 |
| User entered '98' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:26:15 |
| User entered '97' | Joanna Gurrola (b) (4) | 03 Nov 2020 04:02:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 03 Nov 2020 04:02:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:43:54 |
| User entered '99.9' F reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:26:15 |
| User entered '98.4' F | (b) (4) | |
| | Joanna Gurrola (b) (4) | 03 Nov 2020 04:02:06 |
| | (b) (4) | |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:43:57 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 04:02:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:44:01 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 04:02:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:44:05 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 04:02:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:44:07 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 04:02:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:44:09 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:26:15 |
| User entered 'Moderate (Moderate)' | Joanna Gurrola (b) (4) | 03 Nov 2020 04:02:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:44:14 |
| User entered 'None (None)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:26:15 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 04:02:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:44:24 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 04:02:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:44:28 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:26:15 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 04:02:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:44:29 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:26:15 |
| User entered 'Moderate (Moderate)' | Joanna Gurrola (b) (4) | 03 Nov 2020 04:02:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:44:32 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:26:15 |
| User entered 'Moderate (Moderate)' | Joanna Gurrola (b) (4) | 03 Nov 2020 04:02:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:44:34 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:26:15 |
| User entered 'None (None)' | (b) (4) | |
| | Joanna Gurrola (b) (4) | 03 Nov 2020 04:02:06 |
| | (b) (4) | |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:44:42 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:26:15 |
| User entered 'None (None)' | (b) (4) | |
| | Joanna Gurrola (b) (4) | 03 Nov 2020 04:02:06 |
| | (b) (4) | |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:44:49 |
| User entered 'None (None)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:26:15 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) | 03 Nov 2020 04:02:06 |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:44:51 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 04:02:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:44:52 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 04:02:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:44:54 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 04:02:06 |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|------------------------------|-----------------------------------|----------------------|
| User entered 'Day 6 (Day 6)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 04:06:53 |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:46:13 |
| User entered '29 Oct 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:29:44 |
| User entered '2 Nov 2020' | Joanna Gurrola (b) (4) | 03 Nov 2020 04:06:53 |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:46:14 |
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 04:06:53 |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|-------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:46:20 |
| User entered '96' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:29:44 |
| User entered '98' | (b) (4) | |
| | Joanna Gurrola (b) (4) | 03 Nov 2020 04:06:53 |
| | (b) (4) | |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 03 Nov 2020 04:06:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:46:28 |
| User entered '100.2' F reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:29:44 |
| User entered '99.9' F | Joanna Gurrola (b) (4) | 03 Nov 2020 04:06:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:46:27 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:29:44 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 04:06:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:46:30 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 04:06:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:46:32 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 04:06:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:46:35 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 04:06:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:46:37 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 04:06:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:46:39 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:29:44 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 03 Nov 2020 04:06:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:46:43 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:29:44 |
| User entered 'None (None)' | (b) (4) | |
| | Joanna Gurrola (b) (4) | 03 Nov 2020 04:06:53 |
| | (b) (4) | |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:46:44 |
| User entered 'Moderate (Moderate)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:29:44 |
| User entered 'Mild (Mild)' | (b) (4) | |
| | Joanna Gurrola (b) (4) | 03 Nov 2020 04:06:53 |
| | (b) (4) | |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:46:47 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:29:44 |
| User entered 'Moderate (Moderate)' | Joanna Gurrola (b) (4) | 03 Nov 2020 04:06:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:46:49 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:29:44 |
| User entered 'Moderate (Moderate)' | Joanna Gurrola (b) (4) | 03 Nov 2020 04:06:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:46:51 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 04:06:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:46:54 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 04:06:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:46:57 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:29:44 |
| User entered 'Moderate (Moderate)' | Joanna Gurrola (b) (4) | 03 Nov 2020 04:06:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:47:00 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 04:06:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:47:02 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 04:06:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:47:05 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 04:06:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|------------------------------|----------------------------------|----------------------|
| User entered 'Day 7 (Day 7)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:06:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:47:20 |
| User entered '30 Oct 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:32:03 |
| User entered '3 Nov 2020' | Shannon Moyer (b) (4) | 04 Nov 2020 16:06:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:47:22 |
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:06:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|-------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:49:12 |
| User entered '98' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:32:03 |
| User entered '97' | Shannon Moyer (b) (4) | 04 Nov 2020 16:06:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 04 Nov 2020 16:06:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:49:14 |
| User entered '97.3' F reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:32:03 |
| User entered '100.3' F | Shannon Moyer (b) (4) | 04 Nov 2020 16:06:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:49:17 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:06:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:49:19 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:06:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:49:23 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:06:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:49:27 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:06:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:49:29 |
| User entered 'Moderate (Moderate)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:32:03 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) | 04 Nov 2020 16:06:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:49:31 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:32:03 |
| User entered 'None (None)' | Shannon Moyer (b) (4) | 04 Nov 2020 16:06:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:49:36 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:32:03 |
| User entered 'None (None)' | Shannon Moyer (b) (4) | 04 Nov 2020 16:06:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:49:38 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:06:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:49:42 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:06:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:49:45 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:20:09 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) | 04 Nov 2020 16:06:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:49:49 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:06:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:49:50 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:06:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:49:53 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:06:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:49:56 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:06:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:49:57 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:06:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:50:01 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:06:50 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|------------------------------|----------------------------------|----------------------|
| User entered 'Day 8 (Day 8)' | Shannon Moyer (b) (4) (b) (4) | 05 Nov 2020 09:47:55 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:50:24 |
| User entered '31 Oct 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:20:09 |
| User entered '1 Nov 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:45:31 |
| User entered '01 Nov 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:48 |
| User entered '1 Nov 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:34:01 |
| User entered '4 Nov 2020' | Shannon Moyer (b) (4) | 05 Nov 2020 09:47:55 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:50:50 |
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 05 Nov 2020 09:47:55 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|-------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:51:08 |
| User entered '94' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:20:09 |
| User entered '97' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:34:01 |
| User entered '98' | Shannon Moyer (b) (4) | 05 Nov 2020 09:47:55 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 05 Nov 2020 09:47:55 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:51:52 |
| User entered '98.4' F reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:34:01 |
| User entered '100.0' F | Shannon Moyer (b) (4) | 05 Nov 2020 09:47:55 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:51:11 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 05 Nov 2020 09:47:55 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:51:13 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 05 Nov 2020 09:47:55 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:51:16 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 05 Nov 2020 09:47:55 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:51:20 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 05 Nov 2020 09:47:55 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:51:21 |
| User entered 'Moderate (Moderate)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:34:01 |
| User entered 'None (None)' | Shannon Moyer (b) (4) | 05 Nov 2020 09:47:55 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:51:24 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:34:01 |
| User entered 'None (None)' | Shannon Moyer (b) (4) | 05 Nov 2020 09:47:55 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:51:26 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:20:09 |
| User entered 'None (None)' | Shannon Moyer (b) (4) | 05 Nov 2020 09:47:55 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:51:28 |
| User entered 'Moderate (Moderate)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:20:09 |
| User entered 'None (None)' | Shannon Moyer (b) (4) | 05 Nov 2020 09:47:55 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:51:32 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:20:09 |
| User entered 'Moderate (Moderate)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:34:01 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) | 05 Nov 2020 09:47:55 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:51:34 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:20:09 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) | 05 Nov 2020 09:47:55 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:51:36 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:20:09 |
| User entered 'None (None)' | Shannon Moyer (b) (4) | 05 Nov 2020 09:47:55 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:51:40 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 05 Nov 2020 09:47:55 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:51:42 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 05 Nov 2020 09:47:55 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:51:44 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 05 Nov 2020 09:47:55 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:51:45 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 05 Nov 2020 09:47:55 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:51:47 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 05 Nov 2020 09:47:55 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|------------------------------|----------------------------------|----------------------|
| User entered 'Day 9 (Day 9)' | Shannon Moyer (b) (4) (b) (4) | 06 Nov 2020 10:55:03 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:52:18 |
| User entered '1 Nov 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:20:09 |
| User entered '2 Nov 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:45:31 |
| User entered '02 Nov 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:48 |
| User entered '2 Nov 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:35:53 |
| User entered '5 Nov 2020' | Shannon Moyer (b) (4) | 06 Nov 2020 10:55:03 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:52:19 |
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 06 Nov 2020 10:55:03 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|-------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:52:25 |
| User entered '97' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:20:09 |
| User entered '98' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:35:53 |
| User entered '99' | Shannon Moyer (b) (4) | 06 Nov 2020 10:55:03 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 06 Nov 2020 10:55:03 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:52:26 |
| User entered '98.4' F reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:20:09 |
| User entered '99.9' F | Shannon Moyer (b) (4) | 06 Nov 2020 10:55:03 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:52:32 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 06 Nov 2020 10:55:03 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:52:34 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 06 Nov 2020 10:55:03 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:52:36 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 06 Nov 2020 10:55:03 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:52:38 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 06 Nov 2020 10:55:03 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:52:41 |
| User entered 'Moderate (Moderate)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:20:09 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) | 06 Nov 2020 10:55:03 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:52:44 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:20:09 |
| User entered 'None (None)' | Shannon Moyer (b) (4) | 06 Nov 2020 10:55:03 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:52:47 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 06 Nov 2020 10:55:03 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|---------------------------------------------------------------------------------------------------|------------------------|----------------------|
| User closed query 'Per source, None. Please review and reconcile. ' (Site from CRA). | (b) (4), (b) (6) | 24 Nov 2020 18:19:53 |
| DataPoint Verified. | (b) (4), (b) (6) | 24 Nov 2020 18:19:51 |
| Query 'Per source, None. Please review and reconcile. ' answered with 'Updated.' (Site from CRA). | Joanna Gurrola (b) (4) | 23 Nov 2020 02:28:35 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 23 Nov 2020 02:28:24 |
| User opened query 'Per source, None. Please review and reconcile. ' (Site from CRA). | (b) (4), (b) (6) | 22 Nov 2020 22:53:08 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:35:53 |
| User entered 'None (None)' | Shannon Moyer (b) (4) | 06 Nov 2020 10:55:03 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:53:32 |
| User entered 'Moderate (Moderate)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:35:53 |
| User entered 'None (None)' | (b) (4) | |
| | Shannon Moyer (b) (4) | 06 Nov 2020 10:55:03 |
| | (b) (4) | |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:53:35 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) (b) (4) | 06 Nov 2020 10:55:03 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:53:39 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 06 Nov 2020 10:55:03 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:53:41 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 06 Nov 2020 10:55:03 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:53:43 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:20:09 |
| User entered 'Moderate (Moderate)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:35:53 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) | 06 Nov 2020 10:55:03 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:53:45 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 06 Nov 2020 10:55:03 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:53:49 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 06 Nov 2020 10:55:03 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:53:51 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 06 Nov 2020 10:55:03 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|----------------------------------|----------------------|
| User entered 'Day 10 (Day 10)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:39:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|---------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:54:29 |
| User entered '2 Nov 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:20:09 |
| User entered '3 Nov 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:45:31 |
| User entered '03 Nov 2020' | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:54:31 |
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:39:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|-------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:54:36 |
| User entered '98' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:20:09 |
| User entered '97' | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 07 Nov 2020 07:39:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:54:37 |
| User entered '99.9' F reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:20:09 |
| User entered '100.3' F | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:54:41 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:39:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:54:43 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:39:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:54:46 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:39:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:54:47 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:39:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:54:49 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:39:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:54:52 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:39:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:54:55 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:39:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:54:58 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:39:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:54:59 |
| User entered 'Moderate (Moderate)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:20:09 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:55:02 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:39:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:55:07 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:39:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:55:09 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:39:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:55:11 |
| User entered 'Moderate (Moderate)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:20:09 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:55:14 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:39:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:55:15 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:39:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:55:17 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:39:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|----------------------------------|----------------------|
| User entered 'Day 11 (Day 11)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:39:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:56:24 |
| User entered '03 Nov 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 10 Nov 2020 04:18:53 |
| User entered '3 Nov 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:23:57 |
| User closed query 'Data is required. Please complete.' (Site from System). | System | 07 Nov 2020 07:42:21 |
| Query 'Data is required. Please complete.' answered by data change (Site from System). | System | 07 Nov 2020 07:42:21 |
| User entered '4 Nov 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:42:21 |
| User opened query 'Data is required. Please complete.' (Site from System). | System | 07 Nov 2020 07:39:34 |
| User entered empty. | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:56:28 |
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:39:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|-------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:56:40 |
| User entered '97' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:23:57 |
| User entered '98' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:42:21 |
| User entered empty. | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered '%' | System | 07 Nov 2020 07:42:21 |
| User entered empty. | System | 07 Nov 2020 07:39:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:56:42 |
| User entered '100.3' F reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:23:57 |
| User entered '100.0' F reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:42:21 |
| User entered empty. | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:56:44 |
| User entered 'None (None)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:42:21 |
| User entered empty. | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:56:46 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:42:21 |
| User entered empty. | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:56:48 |
| User entered 'None (None)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:42:21 |
| User entered empty. | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:56:50 |
| User entered 'None (None)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:42:21 |
| User entered empty. | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:56:54 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:23:57 |
| User entered 'None (None)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:42:21 |
| User entered empty. | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:56:58 |
| User entered 'None (None)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:42:21 |
| User entered empty. | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:57:01 |
| User entered 'None (None)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:42:21 |
| User entered empty. | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:57:04 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:23:57 |
| User entered 'None (None)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:42:21 |
| User entered empty. | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:57:07 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:42:21 |
| User entered empty. | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:57:23 |
| User entered 'Moderate (Moderate)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:42:21 |
| User entered empty. | (b) (4) | |
| | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:34 |
| | (b) (4) | |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:57:28 |
| User entered 'None (None)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:42:21 |
| User entered empty. | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:57:31 |
| User entered 'None (None)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:42:21 |
| User entered empty. | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:57:33 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:42:21 |
| User entered empty. | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:57:35 |
| User entered 'None (None)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:42:21 |
| User entered empty. | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:57:37 |
| User entered 'None (None)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:42:21 |
| User entered empty. | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:57:39 |
| User entered 'None (None)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 07:42:21 |
| User entered empty. | Shannon Moyer (b) (4) | 07 Nov 2020 07:39:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|----------------------------------|----------------------|
| User entered 'Day 12 (Day 12)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:44:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:58:25 |
| User entered '04 Nov 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 10 Nov 2020 04:18:53 |
| User entered '4 Nov 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:23:57 |
| User entered '5 Nov 2020' | Shannon Moyer (b) (4) | 07 Nov 2020 07:44:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:58:36 |
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:44:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|-------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:59:07 |
| User entered '98' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:23:57 |
| User entered '99' | Shannon Moyer (b) (4) | 07 Nov 2020 07:44:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 07 Nov 2020 07:44:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:59:09 |
| User entered '100.0' F reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:23:57 |
| User entered '99.9' F | Shannon Moyer (b) (4) | 07 Nov 2020 07:44:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:59:11 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:44:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:59:14 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:44:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:59:16 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:44:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:59:19 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:44:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:59:21 |
| User entered 'None (None)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:23:57 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) | 07 Nov 2020 07:44:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:59:24 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:44:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:59:26 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:44:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:59:29 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:44:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:59:34 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:23:57 |
| User entered 'None (None)' | Shannon Moyer (b) (4) | 07 Nov 2020 07:44:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:59:36 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:44:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:59:38 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:44:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:59:40 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:44:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:59:43 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:44:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:59:46 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:44:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:59:48 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:44:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 22:59:51 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:44:10 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|----------------------------------|----------------------|
| User entered 'Day 13 (Day 13)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:47:49 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:00:09 |
| User entered '05 Nov 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 10 Nov 2020 04:18:53 |
| User entered '5 Nov 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:23:57 |
| User entered '6 Nov 2020' | Shannon Moyer (b) (4) | 07 Nov 2020 07:47:49 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:00:17 |
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:47:49 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|-------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:00:30 |
| User entered '99' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:23:57 |
| User entered '97' | Shannon Moyer (b) (4) | 07 Nov 2020 07:47:49 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 07 Nov 2020 07:47:49 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:00:32 |
| User entered '99.9' F reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:23:57 |
| User entered '100.1' F | Shannon Moyer (b) (4) | 07 Nov 2020 07:47:49 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:00:34 |
| User entered 'None (None)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:23:57 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) | 07 Nov 2020 07:47:49 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:00:36 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:47:49 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:00:39 |
| User entered 'None (None)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:23:57 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) | 07 Nov 2020 07:47:49 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:00:42 |
| User entered 'None (None)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:23:57 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) | 07 Nov 2020 07:47:49 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:00:45 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:47:49 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:00:50 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:47:49 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:00:53 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:47:49 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:00:56 |
| User entered 'None (None)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:23:57 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) | 07 Nov 2020 07:47:49 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|---------------------------------------------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 24 Nov 2020 18:20:12 |
| User closed query 'Per source, None. Please review and reconcile. ' (Site from CRA). | (b) (4), (b) (6) | 24 Nov 2020 18:20:11 |
| Query 'Per source, None. Please review and reconcile. ' answered with 'Updated.' (Site from CRA). | Joanna Gurrola (b) (4) | 23 Nov 2020 02:29:20 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 23 Nov 2020 02:29:13 |
| User opened query 'Per source, None. Please review and reconcile. ' (Site from CRA). | (b) (4), (b) (6) | 22 Nov 2020 23:01:14 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) | 07 Nov 2020 07:47:49 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:01:15 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:47:49 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:01:21 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:47:49 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:01:23 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:47:49 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:01:25 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:47:49 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:01:27 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:47:49 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:01:29 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 07 Nov 2020 07:47:49 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:01:31 |
| User entered 'None (None)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:23:57 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) | 07 Nov 2020 07:47:49 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|----------------------------------|----------------------|
| User entered 'Day 14 (Day 14)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:25:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:02:05 |
| User entered '06 Nov 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 10 Nov 2020 04:18:53 |
| User entered '6 Nov 2020' | Shannon Moyer (b) (4) | 08 Nov 2020 10:25:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:07:59 |
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:25:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:08:03 |
| User entered '97' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:25:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 08 Nov 2020 10:25:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:08:01 |
| User entered '100.1' F | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:25:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:08:11 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:25:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:08:13 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:25:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:08:14 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:25:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:08:17 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:25:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:08:20 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:25:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:08:23 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:25:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:08:25 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:25:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:08:27 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:25:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:08:30 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:25:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:08:32 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:25:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:08:34 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:25:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:08:41 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:25:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:08:45 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:25:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:08:47 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:25:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:08:49 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:25:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:08:51 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:25:53 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|----------------------------------|----------------------|
| User entered 'Day 15 (Day 15)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:27:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:13:47 |
| User entered '07 Nov 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 10 Nov 2020 04:18:53 |
| User entered '7 Nov 2020' | Shannon Moyer (b) (4) | 08 Nov 2020 10:27:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:13:49 |
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:27:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:13:52 |
| User closed query 'Per CDM: it appears participant had a 92% O2 Saturation which is </=93%. Please confirm and make all appropriate updates.' (Site from DM). | (b) (4), (b) (6) | 17 Nov 2020 15:35:35 |
| Query 'Per CDM: it appears participant had a 92% O2 Saturation which is </=93%. Please confirm and make all appropriate updates.' answered with 'updated. ' (Site from DM). | Joanna Gurrola (b) (4) | 14 Nov 2020 18:21:18 |
| User entered '95' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 14 Nov 2020 18:20:21 |
| User opened query 'Per CDM: it appears participant had a 92% O2 Saturation which is </=93%. Please confirm and make all appropriate updates.' (Site from DM). | (b) (4), (b) (6) | 09 Nov 2020 02:47:04 |
| User entered '92' | Shannon Moyer (b) (4) | 08 Nov 2020 10:27:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 08 Nov 2020 10:27:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:14:03 |
| User entered '100.6' F | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:27:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:14:05 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:27:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:14:07 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:27:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:14:09 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:27:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:14:13 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:27:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:14:16 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:27:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:14:20 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:27:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:14:28 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:27:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:14:30 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:27:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:14:33 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:27:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:14:35 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:27:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:14:37 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:27:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:14:39 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:27:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:14:46 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:27:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:14:47 |
| User entered 'None (None)' | Shannon Moyer (b) (4) | 08 Nov 2020 10:27:30 |
| | (b) (4) | |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:14:48 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:27:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:14:50 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 08 Nov 2020 10:27:30 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|----------------------------------|----------------------|
| User entered 'Day 16 (Day 16)' | Shannon Moyer (b) (4) (b) (4) | 09 Nov 2020 07:36:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:15:11 |
| User entered '08 Nov 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 10 Nov 2020 04:18:53 |
| User entered '8 Nov 2020' | Shannon Moyer (b) (4) | 09 Nov 2020 07:36:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:15:13 |
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 09 Nov 2020 07:36:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|-------------------------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:15:15 |
| User entered '94' reason for change: Data Entry Error | (b) (4), (b) (6) | 14 Nov 2020 18:37:50 |
| User entered '91' | Shannon Moyer (b) (4) (b) (4) | 09 Nov 2020 07:36:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 09 Nov 2020 07:36:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:15:17 |
| User entered '98.7' F | Shannon Moyer (b) (4) (b) (4) | 09 Nov 2020 07:36:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:15:20 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 09 Nov 2020 07:36:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:15:22 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) (b) (4) | 09 Nov 2020 07:36:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:15:25 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) (b) (4) | 09 Nov 2020 07:36:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:15:30 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) (b) (4) | 09 Nov 2020 07:36:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:15:33 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) (b) (4) | 09 Nov 2020 07:36:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:15:37 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) (b) (4) | 09 Nov 2020 07:36:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:15:39 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) (b) (4) | 09 Nov 2020 07:36:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:15:42 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) (b) (4) | 09 Nov 2020 07:36:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:15:46 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) (b) (4) | 09 Nov 2020 07:36:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:15:49 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) (b) (4) | 09 Nov 2020 07:36:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:15:52 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 09 Nov 2020 07:36:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:15:54 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 09 Nov 2020 07:36:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:15:59 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 09 Nov 2020 07:36:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:16:02 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 09 Nov 2020 07:36:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:16:04 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 09 Nov 2020 07:36:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:16:05 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 09 Nov 2020 07:36:34 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|----------------------------------|----------------------|
| User entered 'Day 17 (Day 17)' | Shannon Moyer (b) (4) (b) (4) | 10 Nov 2020 04:18:29 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:16:29 |
| User entered '09 Nov 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 10 Nov 2020 04:18:35 |
| User entered '9 Nov 2020' | Shannon Moyer (b) (4) | 10 Nov 2020 04:18:29 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:16:33 |
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 10 Nov 2020 04:18:29 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:16:35 |
| User entered '95' | Shannon Moyer (b) (4) (b) (4) | 10 Nov 2020 04:18:29 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 10 Nov 2020 04:18:29 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:16:36 |
| User entered '98.9' F | Shannon Moyer (b) (4) (b) (4) | 10 Nov 2020 04:18:29 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:16:42 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 10 Nov 2020 04:18:29 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:16:44 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 10 Nov 2020 04:18:29 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:16:49 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 10 Nov 2020 04:18:29 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:16:51 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 10 Nov 2020 04:18:29 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:16:53 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 10 Nov 2020 04:18:29 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:16:56 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 10 Nov 2020 04:18:29 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:16:58 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 10 Nov 2020 04:18:29 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:17:00 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 10 Nov 2020 04:18:29 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:17:03 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) (b) (4) | 10 Nov 2020 04:18:29 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:17:06 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) (b) (4) | 10 Nov 2020 04:18:29 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:17:08 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 10 Nov 2020 04:18:29 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:17:10 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 10 Nov 2020 04:18:29 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:17:16 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 10 Nov 2020 04:18:29 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:17:18 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 10 Nov 2020 04:18:29 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:17:20 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 10 Nov 2020 04:18:29 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:17:21 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 10 Nov 2020 04:18:29 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|----------------------------------|----------------------|
| User entered 'Day 18 (Day 18)' | Shannon Moyer (b) (4) (b) (4) | 11 Nov 2020 04:08:07 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:17:35 |
| User entered '10 Nov 2020' | Shannon Moyer (b) (4) (b) (4) | 11 Nov 2020 04:08:07 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:17:37 |
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 11 Nov 2020 04:08:07 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:17:51 |
| User entered '98' | Shannon Moyer (b) (4) (b) (4) | 11 Nov 2020 04:08:07 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 11 Nov 2020 04:08:07 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:17:53 |
| User entered '98.4' F | Shannon Moyer (b) (4) (b) (4) | 11 Nov 2020 04:08:07 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:17:55 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 11 Nov 2020 04:08:07 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:17:57 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 11 Nov 2020 04:08:07 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:18:05 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 11 Nov 2020 04:08:07 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:18:09 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 11 Nov 2020 04:08:07 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:18:12 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 11 Nov 2020 04:08:07 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:18:18 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 11 Nov 2020 04:08:07 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:18:22 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 11 Nov 2020 04:08:07 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:18:27 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 11 Nov 2020 04:08:07 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:18:30 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 11 Nov 2020 04:08:07 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|------------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:18:34 |
| User entered 'Moderate (Moderate)' | Shannon Moyer (b) (4) (b) (4) | 11 Nov 2020 04:08:07 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:18:37 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 11 Nov 2020 04:08:07 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:18:43 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 11 Nov 2020 04:08:07 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:18:46 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 11 Nov 2020 04:08:07 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:18:48 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 11 Nov 2020 04:08:07 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:18:53 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 11 Nov 2020 04:08:07 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:18:51 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 11 Nov 2020 04:08:07 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|-----------------------------------|----------------------|
| User entered 'Day 19 (Day 19)' | Joanna Gurrola (b) (4) (b) (4) | 12 Nov 2020 02:37:04 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:19:11 |
| User entered '11 Nov 2020' | Joanna Gurrola (b) (4) (b) (4) | 12 Nov 2020 02:37:04 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:19:22 |
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 12 Nov 2020 02:37:04 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:19:24 |
| User entered '97' | Joanna Gurrola (b) (4) (b) (4) | 12 Nov 2020 02:37:04 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 12 Nov 2020 02:37:04 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:19:26 |
| User entered '98.9' F | Joanna Gurrola (b) (4) (b) (4) | 12 Nov 2020 02:37:04 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:19:29 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 12 Nov 2020 02:37:04 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:19:32 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 12 Nov 2020 02:37:04 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:19:41 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 12 Nov 2020 02:37:04 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:19:44 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 12 Nov 2020 02:37:04 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:19:47 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 12 Nov 2020 02:37:04 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:19:50 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 12 Nov 2020 02:37:04 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:19:53 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 12 Nov 2020 02:37:04 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:19:56 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 12 Nov 2020 02:37:04 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:20:00 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 12 Nov 2020 02:37:04 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:20:02 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 12 Nov 2020 02:37:04 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:20:10 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 12 Nov 2020 02:37:04 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:20:12 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 12 Nov 2020 02:37:04 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:20:16 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 12 Nov 2020 02:37:04 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:20:17 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 12 Nov 2020 02:37:04 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:20:20 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 12 Nov 2020 02:37:04 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:20:21 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 12 Nov 2020 02:37:04 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|----------------------------------|----------------------|
| User entered 'Day 20 (Day 20)' | Shannon Moyer (b) (4) (b) (4) | 13 Nov 2020 05:19:51 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:20:56 |
| User entered '12 Nov 2020' | Shannon Moyer (b) (4) (b) (4) | 13 Nov 2020 05:19:51 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:20:58 |
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 13 Nov 2020 05:19:51 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:21:07 |
| User entered '97' | Shannon Moyer (b) (4) (b) (4) | 13 Nov 2020 05:19:51 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 13 Nov 2020 05:19:51 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:21:10 |
| User entered '99.0' F | Shannon Moyer (b) (4) (b) (4) | 13 Nov 2020 05:19:51 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:21:12 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 13 Nov 2020 05:19:51 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:21:14 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 13 Nov 2020 05:19:51 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:21:15 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 13 Nov 2020 05:19:51 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:21:17 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 13 Nov 2020 05:19:51 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:21:19 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 13 Nov 2020 05:19:51 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:21:21 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 13 Nov 2020 05:19:51 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:21:24 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 13 Nov 2020 05:19:51 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:21:26 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 13 Nov 2020 05:19:51 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:21:29 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 13 Nov 2020 05:19:51 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:21:32 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 13 Nov 2020 05:19:51 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:21:35 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 13 Nov 2020 05:19:51 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:21:38 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 13 Nov 2020 05:19:51 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:21:40 |
| User entered 'Mild (Mild)' | Shannon Moyer (b) (4) (b) (4) | 13 Nov 2020 05:19:51 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:21:43 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 13 Nov 2020 05:19:51 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:21:45 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 13 Nov 2020 05:19:51 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:21:47 |
| User entered 'None (None)' | Shannon Moyer (b) (4) (b) (4) | 13 Nov 2020 05:19:51 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|-----------------------------------|----------------------|
| User entered 'Day 21 (Day 21)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:03:46 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:24:16 |
| User entered '13 Nov 2020' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:03:46 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:24:35 |
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:03:46 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:24:42 |
| User entered '96' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:03:46 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 15 Nov 2020 16:03:46 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:24:43 |
| User entered '98.9' F | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:03:46 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:24:46 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:03:46 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:25:01 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:03:46 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:25:09 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:03:46 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:25:14 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:03:46 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:25:16 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:03:46 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:25:18 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:03:46 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:25:20 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:03:46 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:25:22 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:03:46 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:25:25 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:03:46 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:25:27 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:03:46 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:25:29 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:03:46 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:25:33 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:03:46 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:25:34 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:03:46 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:25:36 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:03:46 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:25:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:03:46 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:25:40 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:03:46 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|-----------------------------------|----------------------|
| User entered 'Day 22 (Day 22)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:05:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:26:05 |
| User entered '14 Nov 2020' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:05:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:26:12 |
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:05:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:26:09 |
| User entered '94' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:05:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 15 Nov 2020 16:05:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:26:14 |
| User entered '98.7' F | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:05:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:26:16 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:05:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:26:18 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:05:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:26:22 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:05:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:26:24 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:05:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:26:27 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:05:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:26:29 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:05:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:26:31 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:05:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:26:33 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:05:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:26:35 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:05:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:26:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:05:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:26:41 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:05:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:26:42 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:05:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:26:45 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:05:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:26:46 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:05:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:26:48 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:05:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:26:50 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 15 Nov 2020 16:05:06 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|-----------------------------------|----------------------|
| User entered 'Day 23 (Day 23)' | Joanna Gurrola (b) (4) (b) (4) | 16 Nov 2020 08:59:31 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:27:34 |
| User entered '15 Nov 2020' | Joanna Gurrola (b) (4) (b) (4) | 16 Nov 2020 08:59:31 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:27:35 |
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 16 Nov 2020 08:59:31 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:27:37 |
| User entered '94' | Joanna Gurrola (b) (4) (b) (4) | 16 Nov 2020 08:59:31 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 16 Nov 2020 08:59:31 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:27:40 |
| User entered '98.4' F | Joanna Gurrola (b) (4) (b) (4) | 16 Nov 2020 08:59:31 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:27:44 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 16 Nov 2020 08:59:31 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:27:49 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 16 Nov 2020 08:59:31 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:27:55 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 16 Nov 2020 08:59:31 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:27:56 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 16 Nov 2020 08:59:31 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:27:58 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 16 Nov 2020 08:59:31 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:28:01 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 16 Nov 2020 08:59:31 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:28:03 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 16 Nov 2020 08:59:31 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:28:05 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 16 Nov 2020 08:59:31 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:28:07 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 16 Nov 2020 08:59:31 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:28:09 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 16 Nov 2020 08:59:31 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:28:11 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 16 Nov 2020 08:59:31 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:28:14 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 16 Nov 2020 08:59:31 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:28:17 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 16 Nov 2020 08:59:31 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:28:18 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 16 Nov 2020 08:59:31 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:28:20 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 16 Nov 2020 08:59:31 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:28:22 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 16 Nov 2020 08:59:31 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|-----------------------------------|----------------------|
| User entered 'Day 24 (Day 24)' | Joanna Gurrola (b) (4) (b) (4) | 17 Nov 2020 04:54:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:28:44 |
| User entered '16 Nov 2020' | Joanna Gurrola (b) (4) (b) (4) | 17 Nov 2020 04:54:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:28:46 |
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 17 Nov 2020 04:54:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:28:47 |
| User entered '94' | Joanna Gurrola (b) (4) (b) (4) | 17 Nov 2020 04:54:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 17 Nov 2020 04:54:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:28:48 |
| User closed query 'Data entered is non-conformant. Please correct.' (Site from System). | System | 17 Nov 2020 04:55:38 |
| User entered '98.7' F reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 17 Nov 2020 04:55:38 |
| User opened query 'Data entered is non-conformant. Please correct.' (Site from System). | System | 17 Nov 2020 04:54:22 |
| User entered '98' (non-conformant). | Joanna Gurrola (b) (4) | 17 Nov 2020 04:54:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:28:53 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 17 Nov 2020 04:55:38 |
| User entered empty. | Joanna Gurrola (b) (4) | 17 Nov 2020 04:54:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:28:55 |
| User entered 'Mild (Mild)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 17 Nov 2020 04:55:38 |
| User entered empty. | Joanna Gurrola (b) (4) | 17 Nov 2020 04:54:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:28:58 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 17 Nov 2020 04:55:38 |
| User entered empty. | Joanna Gurrola (b) (4) | 17 Nov 2020 04:54:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:29:01 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 17 Nov 2020 04:55:38 |
| User entered empty. | Joanna Gurrola (b) (4) | 17 Nov 2020 04:54:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:33:42 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 17 Nov 2020 04:55:38 |
| User entered empty. | Joanna Gurrola (b) (4) | 17 Nov 2020 04:54:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:33:45 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 17 Nov 2020 04:55:38 |
| User entered empty. | Joanna Gurrola (b) (4) | 17 Nov 2020 04:54:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:33:47 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 17 Nov 2020 04:55:38 |
| User entered empty. | Joanna Gurrola (b) (4) | 17 Nov 2020 04:54:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:33:49 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 17 Nov 2020 04:55:38 |
| User entered empty. | Joanna Gurrola (b) (4) | 17 Nov 2020 04:54:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:33:51 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 17 Nov 2020 04:55:38 |
| User entered empty. | Joanna Gurrola (b) (4) | 17 Nov 2020 04:54:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:33:53 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 17 Nov 2020 04:55:38 |
| User entered empty. | Joanna Gurrola (b) (4) | 17 Nov 2020 04:54:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:33:56 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 17 Nov 2020 04:55:38 |
| User entered empty. | Joanna Gurrola (b) (4) | 17 Nov 2020 04:54:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:33:57 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 17 Nov 2020 04:55:38 |
| User entered empty. | Joanna Gurrola (b) (4) | 17 Nov 2020 04:54:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:34:00 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 17 Nov 2020 04:55:38 |
| User entered empty. | Joanna Gurrola (b) (4) | 17 Nov 2020 04:54:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:34:01 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 17 Nov 2020 04:55:38 |
| User entered empty. | Joanna Gurrola (b) (4) | 17 Nov 2020 04:54:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:34:03 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 17 Nov 2020 04:55:38 |
| User entered empty. | Joanna Gurrola (b) (4) | 17 Nov 2020 04:54:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:34:04 |
| User entered 'None (None)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 17 Nov 2020 04:55:38 |
| User entered empty. | Joanna Gurrola (b) (4) | 17 Nov 2020 04:54:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|-----------------------------------|----------------------|
| User entered 'Day 25 (Day 25)' | Joanna Gurrola (b) (4) (b) (4) | 18 Nov 2020 14:06:39 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:34:38 |
| User entered '17 Nov 2020' | Joanna Gurrola (b) (4) (b) (4) | 18 Nov 2020 14:06:39 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:34:45 |
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 18 Nov 2020 14:06:39 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:34:47 |
| User entered '95' | Joanna Gurrola (b) (4) (b) (4) | 18 Nov 2020 14:06:39 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 18 Nov 2020 14:06:39 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:34:49 |
| User entered '98.2' F | Joanna Gurrola (b) (4) (b) (4) | 18 Nov 2020 14:06:39 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:34:51 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 18 Nov 2020 14:06:39 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:34:57 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 18 Nov 2020 14:06:39 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:35:00 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 18 Nov 2020 14:06:39 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:35:02 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 18 Nov 2020 14:06:39 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:35:04 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 18 Nov 2020 14:06:39 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:35:06 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 18 Nov 2020 14:06:39 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:35:08 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 18 Nov 2020 14:06:39 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:35:10 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 18 Nov 2020 14:06:39 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:35:14 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 18 Nov 2020 14:06:39 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:35:16 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 18 Nov 2020 14:06:39 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:35:18 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 18 Nov 2020 14:06:39 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:35:21 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 18 Nov 2020 14:06:39 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:35:23 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 18 Nov 2020 14:06:39 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:35:25 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 18 Nov 2020 14:06:39 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:35:27 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 18 Nov 2020 14:06:39 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:35:30 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 18 Nov 2020 14:06:39 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|-----------------------------------|----------------------|
| User entered 'Day 26 (Day 26)' | Joanna Gurrola (b) (4) (b) (4) | 19 Nov 2020 04:54:58 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:35:55 |
| User entered '18 Nov 2020' | Joanna Gurrola (b) (4) (b) (4) | 19 Nov 2020 04:54:58 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:35:59 |
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 19 Nov 2020 04:54:58 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:36:01 |
| User entered '94' | Joanna Gurrola (b) (4) (b) (4) | 19 Nov 2020 04:54:58 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 19 Nov 2020 04:54:58 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:36:03 |
| User entered '99.1' F | Joanna Gurrola (b) (4) (b) (4) | 19 Nov 2020 04:54:58 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:36:09 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 19 Nov 2020 04:54:58 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:36:07 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 19 Nov 2020 04:54:58 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:36:11 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 19 Nov 2020 04:54:58 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:36:14 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 19 Nov 2020 04:54:58 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:36:16 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 19 Nov 2020 04:54:58 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:36:18 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 19 Nov 2020 04:54:58 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:36:19 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 19 Nov 2020 04:54:58 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:36:22 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 19 Nov 2020 04:54:58 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:36:27 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 19 Nov 2020 04:54:58 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:36:30 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 19 Nov 2020 04:54:58 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:36:32 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 19 Nov 2020 04:54:58 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:36:45 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 19 Nov 2020 04:54:58 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:36:36 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 19 Nov 2020 04:54:58 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:36:38 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 19 Nov 2020 04:54:58 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:36:41 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 19 Nov 2020 04:54:58 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:36:43 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 19 Nov 2020 04:54:58 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|-----------------------------------|----------------------|
| User entered 'Day 27 (Day 27)' | Joanna Gurrola (b) (4) (b) (4) | 20 Nov 2020 08:12:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:37:24 |
| User entered '19 Nov 2020' | Joanna Gurrola (b) (4) (b) (4) | 20 Nov 2020 08:12:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|---------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:37:26 |
| User entered '0' | Joanna Gurrola (b) (4) | 20 Nov 2020 08:12:22 |
| | (b) (4) | |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|---------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:37:37 |
| User entered '94' | Joanna Gurrola (b) (4) | 20 Nov 2020 08:12:22 |
| | (b) (4) | |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 20 Nov 2020 08:12:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:37:38 |
| User entered '98.7' F | Joanna Gurrola (b) (4) (b) (4) | 20 Nov 2020 08:12:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:37:40 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 20 Nov 2020 08:12:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:37:42 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 20 Nov 2020 08:12:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:37:44 |
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 20 Nov 2020 08:12:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:37:50 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 20 Nov 2020 08:12:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:37:52 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 20 Nov 2020 08:12:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:37:54 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 20 Nov 2020 08:12:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:37:56 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 20 Nov 2020 08:12:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:37:58 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 20 Nov 2020 08:12:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:38:01 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 20 Nov 2020 08:12:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:38:04 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 20 Nov 2020 08:12:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:38:08 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 20 Nov 2020 08:12:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:38:11 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 20 Nov 2020 08:12:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:38:14 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) | 20 Nov 2020 08:12:22 |
| | (b) (4) | |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:38:16 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 20 Nov 2020 08:12:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:38:18 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 20 Nov 2020 08:12:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:38:19 |
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 20 Nov 2020 08:12:22 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|-----------------------------------|----------------------|
| User entered 'Day 28 (Day 28)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:30:47 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered '20 Nov 2020' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:30:47 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|------------------|-----------------------------------|----------------------|
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:30:47 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|-------------------|-----------------------------------|----------------------|
| User entered '94' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:30:47 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 23 Nov 2020 02:30:47 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| User entered '98.7' F | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:30:47 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:30:47 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:30:47 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:30:47 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:30:47 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:30:47 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

Muscle Aches (Myalgia)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:30:47 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:30:47 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:30:47 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|------------------------------------|-----------------------------------|----------------------|
| User entered 'Not Done (Not Done)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:30:47 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:30:47 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:30:47 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:30:47 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:30:47 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:30:47 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:30:47 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:30:47 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|-----------------------------------|----------------------|
| User entered 'Day 29 (Day 29)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:31:24 |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered '21 Nov 2020' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:31:24 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|------------------|-----------------------------------|----------------------|
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:31:24 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|-------------------|-----------------------------------|----------------------|
| User entered '95' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:31:24 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 23 Nov 2020 02:31:24 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| User entered '98.3' F | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:31:24 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:31:24 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:31:24 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:31:24 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:31:24 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:31:24 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

Muscle Aches (Myalgia)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:31:24 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:31:24 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:31:24 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:31:24 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:31:24 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:31:24 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:31:24 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:31:24 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:31:24 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:31:24 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:31:24 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|-----------------------------------|----------------------|
| User entered 'Day 30 (Day 30)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:32:08 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered '22 Nov 2020' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:32:08 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|------------------|-----------------------------------|----------------------|
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:32:08 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|-------------------|-----------------------------------|----------------------|
| User entered '96' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:32:08 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 23 Nov 2020 02:32:08 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| User entered '98.9' F | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:32:08 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:32:08 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:32:08 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:32:08 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:32:08 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:32:08 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:32:08 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:32:08 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:32:08 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:32:08 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:32:08 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:32:08 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:32:08 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:32:08 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:32:08 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:32:08 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 23 Nov 2020 02:32:08 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|-----------------------------------|----------------------|
| User entered 'Day 31 (Day 31)' | Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 11:16:44 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered '23 Nov 2020' | Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 11:16:44 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|------------------|-----------------------------------|----------------------|
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 11:16:44 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|-------------------|-----------------------------------|----------------------|
| User entered '95' | Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 11:16:44 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 24 Nov 2020 11:16:44 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| User entered '97.8' F | Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 11:16:44 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 11:16:44 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 11:16:44 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 11:16:44 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 11:16:44 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 11:16:44 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 11:16:44 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 11:16:44 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 11:16:44 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 11:16:44 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 11:16:44 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 11:16:44 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 11:16:44 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 11:16:44 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 11:16:44 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 11:16:44 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 11:16:44 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

[Symptom Day](#)

| Audit | User | Time (GMT) |
|--------------------------------|-----------------------------------|----------------------|
| User entered 'Day 32 (Day 32)' | Joanna Gurrola (b) (4) (b) (4) | 25 Nov 2020 04:51:42 |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

[Date](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered '24 Nov 2020' | Joanna Gurrola (b) (4) (b) (4) | 25 Nov 2020 04:51:42 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

[Assessment Not Done](#)

| Audit | User | Time (GMT) |
|------------------|-----------------------------------|----------------------|
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 25 Nov 2020 04:51:42 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation](#)

| Audit | User | Time (GMT) |
|-------------------|-----------------------------------|----------------------|
| User entered '98' | Joanna Gurrola (b) (4) (b) (4) | 25 Nov 2020 04:51:42 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

[O2 Saturation Units](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '%' | System | 25 Nov 2020 04:51:42 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

[Temperature](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| User entered '97.4' F | Joanna Gurrola (b) (4) (b) (4) | 25 Nov 2020 04:51:42 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

[Chills](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 25 Nov 2020 04:51:42 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

[Cough](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 25 Nov 2020 04:51:42 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

[Shortness of Breath](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'Mild (Mild)' | Joanna Gurrola (b) (4) (b) (4) | 25 Nov 2020 04:51:42 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

[Difficulty Breathing](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 25 Nov 2020 04:51:42 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

[Fatigue](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 25 Nov 2020 04:51:42 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

[Muscle Aches \(Myalgia\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 25 Nov 2020 04:51:42 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

[Body Aches](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 25 Nov 2020 04:51:42 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

[Headache](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 25 Nov 2020 04:51:42 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Taste](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 25 Nov 2020 04:51:42 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

[New Loss of Smell](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 25 Nov 2020 04:51:42 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

[Nasal Congestion](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 25 Nov 2020 04:51:42 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

[Runny Nose \(Rhinorrhea\)](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 25 Nov 2020 04:51:42 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

[Nausea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 25 Nov 2020 04:51:42 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

[Vomiting](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 25 Nov 2020 04:51:42 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

[Diarrhea](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 25 Nov 2020 04:51:42 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 10:53:48

[Sore Throat](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| User entered 'None (None)' | Joanna Gurrola (b) (4) (b) (4) | 25 Nov 2020 04:51:42 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:53:48

[Date of Visit](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:00:20 |
| User entered '28 Oct 2020' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:57 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:53:48

[Was the Subject Tested For SARS-CoV-2 by RT-PCR?](#)

| Audit | User | Time (GMT) |
|------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:00:26 |
| User entered 'Yes (Y)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:57 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:53:48

[Did Subject Test Positive For SARS-CoV-2 by RT-PCR?](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|
| User closed query 'Did Subject Test Positive For SARS-CoV-2 by RT-PCR is Yes. Please confirm test result was positive and enter COVID-19 diagnosis on the Adverse Events form.' (Site from System). DataPoint Verified. | (b) (4), (b) (6) | 11 Nov 2020 02:19:03 |
| Query 'Did Subject Test Positive For SARS-CoV-2 by RT-PCR is Yes. Please confirm test result was positive and enter COVID-19 diagnosis on the Adverse Events form.' answered with 'correct, will enter AE' (Site from System). | Joanna Gurrola (b) (4) | 03 Nov 2020 03:42:45 |
| User opened query 'Did Subject Test Positive For SARS-CoV-2 by RT-PCR is Yes. Please confirm test result was positive and enter COVID-19 diagnosis on the Adverse Events form.' (Site from System). | System | 03 Nov 2020 03:41:57 |
| User entered 'Yes (Y)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:41:57 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:53:48

[Date of Test](#)

| Audit | User | Time (GMT) |
|----------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:00:55 |
| User entered '28 Oct 2020' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:57 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:53:48

[Type of Test Performed](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:01:21 |
| User entered 'Nasopharyngeal Swab (Nasopharyngeal Swab)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:57 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:53:48

[Other, specify](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:01:26 |
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:57 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:53:48

[Was this diagnostic test performed at a lab other than the Study Central Lab?](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:01:27 |
| User entered 'No (N)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:57 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:53:48

[Lab/ Institution Test Performed](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:01:29 |
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:57 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:53:48

[CLIA Certified?](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:01:31 |
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:41:57 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:53:48

[COVID-19 Positive \(CSA Programming Field Only\)](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered 'I' | System | 03 Nov 2020 03:41:57 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

Did the subject have Respiratory Rates \geq 30 per Minute?

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:02:24 |
| User entered 'No (N)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Start Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:02:26 |
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[End Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Respiratory Rate](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

Did the subject have Heart Rate \geq 125 beats per minute

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:02:29 |
| User entered 'No (N)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Start Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[End Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Heart Rate](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

Did the subject have Oxygen Saturation of $\text{SpO}_2 \leq 93\%$ on room air at sea level?

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:02:34 |
| User entered 'No (N)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Start Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[End Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Oxygen Saturation](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

Did the subject have PaO2/FIO2 Ratio < 300 mm Hg?

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:02:38 |
| User entered 'No (N)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Start Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[End Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[PaO2](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

Did the subject have Respiratory failure?

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:02:54 |
| User entered 'No (N)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Start Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

Did the subject have Acute Respiratory Distress Syndrome (ARDS)?

| Audit | User | Time (GMT) |
|----------------------------------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:03:07 |
| User closed query 'Data is required. Please complete.' (Site from System). | System | 03 Nov 2020 03:43:34 |
| Query 'Data is required. Please complete.' answered by data change (Site from System). | System | 03 Nov 2020 03:43:34 |
| User entered 'No (N)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 03 Nov 2020 03:43:34 |
| User opened query 'Data is required. Please complete.' (Site from System). | System | 03 Nov 2020 03:43:19 |
| User entered empty. | Joanna Gurrola (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Start Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[High-Flow Oxygen?](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| User entered 'No (N)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Start Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[End Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Non-Invasive Ventilation?](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| User entered 'No (N)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Start Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[End Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Mechanical Ventilation?](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| User entered 'No (N)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Start Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[End Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[ECMO?](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| User entered 'No (N)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Start Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[End Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

Systolic Blood Pressure < 90 mmHg, Diastolic Blood Pressure < 60 mmHg

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| User entered 'No (N)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Start Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[End Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Evidence of Shock Requires
Vasopressors](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| User entered 'No (N)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Start Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[End Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Acute Renal Dysfunction?](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| User entered 'No (N)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Start Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Hepatic Dysfunction?](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| User entered 'No (N)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Start Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

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[Neurologic Dysfunction?](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| User entered 'No (N)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Start Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Clinical Evidence](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| User entered 'No (N)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

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[Date of Assessment](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

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Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Radiographical Evidence](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| User entered 'No (N)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Date of Assessment](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Admission to an intensive care unit due to SARS-CoV-2](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| User entered 'No (N)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[Start Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:53:48

[End Date](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:43:19 |

US3252638

Folder: Covid-19 Assessment 28 Oct 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:53:48

[Generate Next COVID-19 Assessment](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:52:02 |
| User entered 'No (N)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 04 Nov 2020 03:12:31 |
| User entered 'Yes (Y)' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:43:51 |

US3252638

Folder: Illness Visit (1)

Form: Saliva Collection (1)

Generated On: 26 Nov 2020 10:53:48

[Visit](#)

| Audit | User | Time (GMT) |
|---------------------------------------------|----------------------------------|----------------------|
| User accepted default value 'Day 3 (Day 3)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:19:30 |

US3252638

Folder: Illness Visit (1)

Form: Saliva Collection (1)

Generated On: 26 Nov 2020 10:53:48

[Was Saliva Collected?](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:52:32 |
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:19:30 |

US3252638

Folder: Illness Visit (1)

Form: Saliva Collection (1)

Generated On: 26 Nov 2020 10:53:48

[Date of Collection](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:52:34 |
| User entered '30 Oct 2020' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:19:30 |

US3252638

Folder: Illness Visit (1)

Form: Saliva Collection (2)

Generated On: 26 Nov 2020 10:53:48

[Visit](#)

| Audit | User | Time (GMT) |
|---------------------------------------------|----------------------------------|----------------------|
| User accepted default value 'Day 5 (Day 5)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:19:30 |

US3252638

Folder: Illness Visit (1)

Form: Saliva Collection (2)

Generated On: 26 Nov 2020 10:53:48

[Was Saliva Collected?](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:52:40 |
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:19:30 |

US3252638

Folder: Illness Visit (1)

Form: Saliva Collection (2)

Generated On: 26 Nov 2020 10:53:48

[Date of Collection](#)

| Audit | User | Time (GMT) |
|---------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:52:45 |
| User entered '1 Nov 2020' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:19:30 |

US3252638

Folder: Illness Visit (1)

Form: Saliva Collection (3)

Generated On: 26 Nov 2020 10:53:48

[Visit](#)

| Audit | User | Time (GMT) |
|---------------------------------------------|----------------------------------|----------------------|
| User accepted default value 'Day 7 (Day 7)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:19:30 |

US3252638

Folder: Illness Visit (1)

Form: Saliva Collection (3)

Generated On: 26 Nov 2020 10:53:48

[Was Saliva Collected?](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:53:15 |
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:19:30 |

US3252638

Folder: Illness Visit (1)

Form: Saliva Collection (3)

Generated On: 26 Nov 2020 10:53:48

[Date of Collection](#)

| Audit | User | Time (GMT) |
|---------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:53:17 |
| User entered '3 Nov 2020' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:19:30 |

US3252638

Folder: Illness Visit (1)

Form: Saliva Collection (4)

Generated On: 26 Nov 2020 10:53:48

[Visit](#)

| Audit | User | Time (GMT) |
|---------------------------------------------|----------------------------------|----------------------|
| User accepted default value 'Day 9 (Day 9)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:19:30 |

US3252638

Folder: Illness Visit (1)

Form: Saliva Collection (4)

Generated On: 26 Nov 2020 10:53:48

[Was Saliva Collected?](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:53:34 |
| User closed query 'Data is required. Please complete.' (Site from System). | System | 07 Nov 2020 11:38:08 |
| Query 'Data is required. Please complete.' answered by data change (Site from System). | System | 07 Nov 2020 11:38:08 |
| User entered 'Yes (Y)' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 11:38:08 |
| User opened query 'Data is required. Please complete.' (Site from System). | System | 04 Nov 2020 03:19:30 |
| User entered empty. | Shannon Moyer (b) (4) | 04 Nov 2020 03:19:30 |

US3252638

Folder: Illness Visit (1)

Form: Saliva Collection (4)

Generated On: 26 Nov 2020 10:53:48

[Date of Collection](#)

| Audit | User | Time (GMT) |
|---------------------------------------------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:53:38 |
| User entered '5 Nov 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 07 Nov 2020 11:38:08 |
| User entered empty. | Shannon Moyer (b) (4) | 04 Nov 2020 03:19:30 |

US3252638

Folder: Illness Visit (1)

Form: Saliva Collection (5)

Generated On: 26 Nov 2020 10:53:48

[Visit](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------|----------------------------------|----------------------|
| User accepted default value 'Day 14 (Day 14)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:19:30 |

US3252638

Folder: Illness Visit (1)

Form: Saliva Collection (5)

Generated On: 26 Nov 2020 10:53:48

[Was Saliva Collected?](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:53:54 |
| User closed query 'Data is required. Please complete.' (Site from System). | System | 18 Nov 2020 14:07:34 |
| Query 'Data is required. Please complete.' answered by data change (Site from System). | System | 18 Nov 2020 14:07:34 |
| User entered 'Yes (Y)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 18 Nov 2020 14:07:34 |
| User opened query 'Data is required. Please complete.' (Site from System). | System | 04 Nov 2020 03:19:30 |
| User entered empty. | Shannon Moyer (b) (4) | 04 Nov 2020 03:19:30 |

US3252638

Folder: Illness Visit (1)

Form: Saliva Collection (5)

Generated On: 26 Nov 2020 10:53:48

[Date of Collection](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:53:57 |
| User entered '10 Nov 2020' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 18 Nov 2020 14:07:34 |
| User entered empty. | (b) (4) | |
| | Shannon Moyer (b) (4) | 04 Nov 2020 03:19:30 |
| | (b) (4) | |

US3252638

Folder: Illness Visit (1)

Form: Saliva Collection (6)

Generated On: 26 Nov 2020 10:53:48

[Visit](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------|----------------------------------|----------------------|
| User accepted default value 'Day 21 (Day 21)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:19:30 |

US3252638

Folder: Illness Visit (1)

Form: Saliva Collection (6)

Generated On: 26 Nov 2020 10:53:48

[Was Saliva Collected?](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:54:13 |
| User closed query 'Data is required. Please complete.' (Site from System). | System | 18 Nov 2020 14:07:34 |
| Query 'Data is required. Please complete.' answered by data change (Site from System). | System | 18 Nov 2020 14:07:34 |
| User entered 'Yes (Y)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 18 Nov 2020 14:07:34 |
| User opened query 'Data is required. Please complete.' (Site from System). | System | 04 Nov 2020 03:19:30 |
| User entered empty. | Shannon Moyer (b) (4) | 04 Nov 2020 03:19:30 |

US3252638

Folder: Illness Visit (1)

Form: Saliva Collection (6)

Generated On: 26 Nov 2020 10:53:48

[Date of Collection](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:54:16 |
| User entered '17 Nov 2020' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 18 Nov 2020 14:07:34 |
| User entered empty. | Shannon Moyer (b) (4) | 04 Nov 2020 03:19:30 |

US3252638

Folder: Illness Visit (1)

Form: Saliva Collection (7)

Generated On: 26 Nov 2020 10:53:48

[Visit](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------|----------------------------------|----------------------|
| User accepted default value 'Day 28 (Day 28)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:19:30 |

US3252638

Folder: Illness Visit (1)

Form: Saliva Collection (7)

Generated On: 26 Nov 2020 10:53:48

[Was Saliva Collected?](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------------------|----------------------------------|----------------------|
| User opened query 'Data is required. Please complete.' (Site from System). | System | 04 Nov 2020 03:19:30 |
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:19:30 |

US3252638

Folder: Illness Visit (1)

Form: Saliva Collection (7)

Generated On: 26 Nov 2020 10:53:48

[Date of Collection](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:19:30 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:53:48

[Was this visit performed?](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:29:40 |
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:15:18 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:53:48

[Visit date \(dd MMM yyyy\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:29:41 |
| User entered '28 Oct 2020' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:15:18 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:53:48

[Was visit performed at the participant's home or at the clinic?](#)

| Audit | User | Time (GMT) |
|--------------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:29:43 |
| User entered 'Clinic (Clinic)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:15:18 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:53:48

[Folder OID](#)

| Audit | User | Time (GMT) |
|-----------------------|--------|----------------------|
| User entered 'SICKD1' | System | 04 Nov 2020 03:15:18 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[Were vital signs assessed?](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:30:07 |
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:16:43 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

Date of assessment (*dd MMM yyyy*)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:30:09 |
| User entered '28 Oct 2020' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:16:43 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

Time of assessment (00:00-23:59)

| Audit | User | Time (GMT) |
|----------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:30:11 |
| User entered '15:53' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:16:43 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[Vital Signs Date and Time \(derived\)](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '28 Oct 2020 15:53' | System | 04 Nov 2020 03:16:43 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

Height (xxx.x)

| Audit | User | Time (GMT) |
|---------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:30:26 |
| User entered '63.0' in | Shannon Moyer (b) (4) | 04 Nov 2020 03:16:43 |
| DataPoint set to visible. | (b) (4) System | 04 Nov 2020 03:15:18 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

Weight (xxx.x)

| Audit | User | Time (GMT) |
|---------------------------|-----------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:30:30 |
| User entered '227.6' lb | Shannon Moyer (b) (4) | 04 Nov 2020 03:16:43 |
| DataPoint set to visible. | (b) (4) System | 04 Nov 2020 03:15:18 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

Temperature (xxx.x)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:30:46 |
| User entered '99.9' F | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:16:43 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[Route of measurement](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:30:34 |
| User entered 'Oral (Oral)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:16:43 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[If Other, specify](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:30:36 |
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:16:43 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[Pulse \(xxx\)](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:30:38 |
| User entered '97' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:16:43 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[Pulse units](#)

| Audit | User | Time (GMT) |
|--------------------|--------|----------------------|
| User entered 'bpm' | System | 04 Nov 2020 03:16:43 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[Respiratory Rate \(xxx\)](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:30:41 |
| User entered '18' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:16:43 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[Respiratory Rate units](#)

| Audit | User | Time (GMT) |
|----------------------------|--------|----------------------|
| User entered 'breaths/min' | System | 04 Nov 2020 03:16:43 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

Systolic Blood Pressure (xxx)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:30:43 |
| User entered '138' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:16:43 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[Systolic Blood Pressure units](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered 'mmHg' | System | 04 Nov 2020 03:16:43 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

Diastolic Blood Pressure (xxx)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:30:44 |
| User entered '92' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:16:43 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:48

[Diastolic Blood Pressure units](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered 'mmHg' | System | 04 Nov 2020 03:16:43 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:53:48

[Was the physical examination performed?](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:31:02 |
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:17:15 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:53:48

Date of examination (*dd MMM yyyy*)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:31:04 |
| User entered '28 Oct 2020' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:17:15 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 10:53:48

[Was Blood Sample Taken for Immunologic Assessment of SARS_COV-2 Infection?](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:31:16 |
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:18:00 |

US3252638

Folder: Illness Visit Day 1 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 10:53:48

[Date of Collection](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:31:18 |
| User entered '28 Oct 2020' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 03:18:00 |

US3252638

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 10:53:48

[Did the participant experience any adverse events?](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:56:18 |
| User entered 'Yes (Y)' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 03 Nov 2020 03:44:03 |
| User entered 'No (N)' | Shannon Moyer (b) (4) | 07 Oct 2020 16:59:03 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[AEID](#)

| Audit | User | Time (GMT) |
|-------------------------------------------------------|------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:34:53 |
| User entered 'USA-US108-2020-mRNA-1273-P301000012' | System | 03 Nov 2020 20:53:46 |
| User entered 'New' | (b) (4), (b) (6) | 03 Nov 2020 20:53:46 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Adverse event](#)

| Audit | User | Time (GMT) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:34:55 |
| User coded data point as SOC: Infections and infestations, HLGT: Viral infectious disorders, HLT: Coronavirus infections, PT: COVID-19, LLT: COVID-19 - version MedDRA\\23.0. | Coder Import (b) (4) (b) (4) | 03 Nov 2020 03:47:11 |
| User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0. | Coder Import (b) (4) (b) (4) | 03 Nov 2020 03:47:11 |
| Data point term sent to Coder | System | 03 Nov 2020 03:46:33 |
| User entered 'COVID-19' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Was this a medically-attended AE?](#)

| Audit | User | Time (GMT) |
|------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 06 Nov 2020 21:35:05 |
| User entered 'Yes (Y)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Was this a Solicited Adverse Reaction?](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:57:14 |
| User entered 'No (N)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Is this event a confirmed diagnosis of Symptomatic Covid-19?](#)

| Audit | User | Time (GMT) |
|------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:57:16 |
| User entered 'Yes (Y)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

Start date (*dd MMM yyyy*)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------|------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:57:22 |
| User entered '24 Oct 2020' reason for change: Data Entry Error | Shannon Moyer (b) (4) | 08 Nov 2020 10:47:31 |
| User entered '28 Oct 2020' | Joanna Gurrola (b) (4) | 03 Nov 2020 03:45:42 |

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

Start time (00:00-23:59)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 24 Nov 2020 18:28:29 |
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[AE start date and time \(derived\)](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered empty. | System | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Ongoing?](#)

| Audit | User | Time (GMT) |
|------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:57:25 |
| User entered 'Yes (Y)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

If not Ongoing, end date (*dd MMM yyyy*)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:57:27 |
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

End time (00:00-23:59)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:57:29 |
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[AE End Date and Time \(derived\)](#)

| Audit | User | Time (GMT) |
|--------------------------------------------------------------------------------------------------------------------|------------------|----------------------|
| User opened query 'PV Query: Please provide the event end date (when symptoms have resolved).' (Site from Safety). | (b) (4), (b) (6) | 09 Nov 2020 20:44:04 |
| User entered empty. | System | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Severity](#)

| Audit | User | Time (GMT) |
|--------------------------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:57:37 |
| User entered 'Grade 1/Mild (Grade 1/Mild)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Is the adverse event serious?](#)

| Audit | User | Time (GMT) |
|-----------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:57:39 |
| User entered 'No (N)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Death](#)

| Audit | User | Time (GMT) |
|------------------|-----------------------------------|----------------------|
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Life threatening](#)

| Audit | User | Time (GMT) |
|------------------|-----------------------------------|----------------------|
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Requires inpatient or prolongation of existing Hospitalization](#)

| Audit | User | Time (GMT) |
|------------------|-----------------------------------|----------------------|
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Hospital Admission Date \(dd MMM yyyy\)](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

Hospital Discharge Date (*dd MMM yyyy*)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Admitted to ICU?](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Number of Days in ICU](#)

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Persistent or significant disability or incapacity](#)

| Audit | User | Time (GMT) |
|------------------|-----------------------------------|----------------------|
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Congenital anomaly or birth defect](#)

| Audit | User | Time (GMT) |
|------------------|-----------------------------------|----------------------|
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Other medically important event](#)

| Audit | User | Time (GMT) |
|------------------|-----------------------------------|----------------------|
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Relationship to investigational product](#)

| Audit | User | Time (GMT) |
|------------------------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:58:01 |
| User entered 'Not Related (NOT RELATED)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Relationship to Study Procedure](#)

| Audit | User | Time (GMT) |
|------------------------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:58:05 |
| User entered 'Not Related (NOT RELATED)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

Action taken with investigational product

| Audit | User | Time (GMT) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------|
| DataPoint Verified. | (b) (4), (b) (6) | 22 Nov 2020 23:58:03 |
| User closed query 'Per DM CLR: Action Taken with Investigational Product = Investigational Product Withdrawn. Ensure this is reflected in dosing discontinuation if applicable. Review and update. Else, clarify. ' (Site from DM). | (b) (4), (b) (6) | 17 Nov 2020 15:34:17 |
| Query 'Per DM CLR: Action Taken with Investigational Product = Investigational Product Withdrawn. Ensure this is reflected in dosing discontinuation if applicable. Review and update. Else, clarify. ' answered with 'dosing discontinuation has been done' (Site from DM). | (b) (4), (b) (6) | 12 Nov 2020 23:11:34 |
| User opened query 'Per DM CLR: Action Taken with Investigational Product = Investigational Product Withdrawn. Ensure this is reflected in dosing discontinuation if applicable. Review and update. Else, clarify. ' (Site from DM). | (b) (4), (b) (6) | 06 Nov 2020 08:20:27 |
| User entered 'Investigational Product Withdrawn (WITHDRAWN)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[None](#)

| Audit | User | Time (GMT) |
|------------------|-----------------------------------|----------------------|
| User entered 'I' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Concomitant Medication](#)

| Audit | User | Time (GMT) |
|------------------|-----------------------------------|----------------------|
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Concomitant Procedure](#)

| Audit | User | Time (GMT) |
|------------------|-----------------------------------|----------------------|
| User entered '0' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Outcome](#)

| Audit | User | Time (GMT) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------|
| Query 'PV Query: Please provide the final event outcome, when available. If not expected to resolve, please confirm in your response. If resolution is expected, please keep query open until achieved.' answered with 'Conmeds have been updated' (Site from Safety). | Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 16:43:01 |
| User opened query 'PV Query: Please provide the final event outcome, when available. If not expected to resolve, please confirm in your response. If resolution is expected, please keep query open until achieved.' (Site from Safety). | (b) (4), (b) (6) (b) (4) | 09 Nov 2020 20:43:28 |
| User entered 'Not Recovered/Not Resolved (NOT RECOVERED/NOT RESOLVED)' | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:

| Audit | User | Time (GMT) |
|---------------------|-----------------------------------|----------------------|
| User entered empty. | Joanna Gurrola (b) (4) (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Narrative](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|
| Query 'PV Query: Please provide treatment given for the event including medical intervention and/or surgical treatments. Please add any treatment medications to the concomitant medication eCRF (including dates of administration, dose, units, frequency, route and indication). If no treatment was provided, please state so.' answered with 'updated.' (Site from Safety). | Joanna Gurrola (b) (4) | 24 Nov 2020 20:41:55 |
| User entered 'The patient is only taking Tylenol 250 mg PRN, Mucinex 20 ml PRN and Aspirin for prophylaxis for cardiac health 81mg QD for COVID-19.' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 24 Nov 2020 20:41:48 |
| Query 'PV Query: Please add concomitant medication received within 30 days prior to event (or >30 days if relevant to event) to concomitant medication eCRF (including dates of administration, dose, units, frequency, route and indication). If none, please state so.' answered with 'Con meds are current and upto date' (Site from Safety). | Joanna Gurrola (b) (4) | 24 Nov 2020 16:43:29 |
| Query 'PV Query: Please confirm if the subject had any known exposure to COVID-19.' canceled (Site from Safety). | (b) (4), (b) (6) | 22 Nov 2020 15:05:00 |
| User opened query 'PV Query: Please confirm if the subject had any known exposure to COVID-19.' (Site from Safety). | (b) (4), (b) (6) | 09 Nov 2020 20:44:51 |
| User opened query 'PV Query: Please add concomitant medication received within 30 days prior to event (or >30 days if relevant to event) to concomitant medication eCRF (including dates of administration, dose, units, frequency, route and indication). If none, please state so.' (Site from Safety). | (b) (4), (b) (6) | 09 Nov 2020 20:44:41 |
| User opened query 'PV Query: Please provide treatment given for the event including medical intervention and/or surgical treatments. Please add any treatment medications to the concomitant medication eCRF (including dates of administration, dose, units, frequency, route and indication). If no treatment was provided, please state so.' (Site from Safety). | (b) (4), (b) (6) | 09 Nov 2020 20:43:17 |
| User entered empty. | Joanna Gurrola (b) (4) | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Serious Adverse Event Derived \(CSA Programming Field Only\)](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '0' | System | 03 Nov 2020 03:45:42 |

US3252638

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:48

[Medically Attended AE Derived \(CSA Programming Field Only\)](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered 'I' | System | 03 Nov 2020 03:45:42 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 10:53:48

[Were any prior/concomitant medications and/or vaccinations taken?](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------------------|-----------------------|----------------------|
| User entered 'Yes (Y)' reason for change: New Information | Shannon Moyer (b) (4) | 04 Nov 2020 16:10:02 |
| User entered 'No (N)' | Shannon Moyer (b) (4) | 07 Oct 2020 16:59:36 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:48

[Name of Medication](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------|
| User coded data point as ATC: NERVOUS SYSTEM, ATC: ANALGESICS, ATC: OTHER ANALGESICS AND ANTIPYRETICS, ATC: ANILIDES, PRODUCT: PARACETAMOL, PRODUCTSYNONYM: TYLENOL - version WHODrug-Global-B3\\202003. | Coder Import (b) (4) (b) (4) | 24 Nov 2020 17:53:26 |
| User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003. | Coder Import (b) (4) (b) (4) | 24 Nov 2020 17:53:26 |
| Data point term sent to Coder Coding entries removed. | System Joanna Gurrola (b) (4) (b) (4) | 24 Nov 2020 16:40:55 24 Nov 2020 16:40:38 |
| User coded data point as ATC: NERVOUS SYSTEM, ATC: ANALGESICS, ATC: OTHER ANALGESICS AND ANTIPYRETICS, ATC: ANILIDES, PRODUCT: PARACETAMOL, PRODUCTSYNONYM: TYLENOL - version WHODrug-Global-B3\\202003. | Coder Import (b) (4) (b) (4) | 04 Nov 2020 16:13:24 |
| User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003. | Coder Import (b) (4) (b) (4) | 04 Nov 2020 16:13:24 |
| Data point term sent to Coder User entered 'Tylenol' | System Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:12:12 04 Nov 2020 16:12:05 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:48

[Prophylaxis](#)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:12:05 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:48

[Indication](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|
| User entered 'COVID-19' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 24 Nov 2020 16:40:38 |
| User closed query 'Per ETRTR: Please confirm Fever was not related to COVID-19. If related to COVID, consider updating Start date in AE CRF and Symptoms log entries, thanks.' (Site from CRA). | (b) (4) | |
| Query 'Per ETRTR: Please confirm Fever was not related to COVID-19. If related to COVID, consider updating Start date in AE CRF and Symptoms log entries, thanks.' answered with 'Fever is related to COVID-19 and date matches the AE' (Site from CRA). | (b) (4), (b) (6) | 15 Nov 2020 20:57:01 |
| User opened query 'Per ETRTR: Please confirm Fever was not related to COVID-19. If related to COVID, consider updating Start date in AE CRF and Symptoms log entries, thanks.' (Site from CRA). | (b) (4), (b) (6) | 12 Nov 2020 23:12:26 |
| User entered 'fever' | (b) (4), (b) (6) | 06 Nov 2020 23:14:58 |
| | (b) (4) | |
| | Shannon Moyer (b) (4) | 04 Nov 2020 16:12:05 |
| | (b) (4) | |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:48

[Dose per administration](#)

| Audit | User | Time (GMT) |
|--------------------|----------------------------------|----------------------|
| User entered '250' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:12:05 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:48

[Dose unit](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| User entered 'mg (mg)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:12:05 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:48

If dose unit is Other, specify

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:12:05 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:48

[Frequency](#)

| Audit | User | Time (GMT) |
|--------------------------------|----------------------------------|----------------------|
| User entered 'as needed (PRN)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:12:05 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:48

[If frequency is Other, specify](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:12:05 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:48

[Route of administration](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| User entered 'Oral (ORAL)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:12:05 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:48

If route of administration is Other, specify

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:12:05 |

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:48

[Start date \(dd MMM yyyy\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| User entered '24 Oct 2020' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:12:05 |

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:48

[Start date completely unknown](#)

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:12:05 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:48

[Ongoing?](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:12:05 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:48

If not Ongoing, End date (dd MMM yyyy)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:12:05 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:48

[Was this medication taken for solicited event?](#)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 16:12:05 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:48

[Separate Dosage Number \(derived\)](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered empty. | System | 04 Nov 2020 16:12:05 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:48

[Interval Dosage Unit Number \(derived\)](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered empty. | System | 04 Nov 2020 16:12:05 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:48

[Interval Dosage Definition \(derived\)](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered empty. | System | 04 Nov 2020 16:12:05 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:48

[Name of Medication](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|
| User coded data point as ATC: RESPIRATORY SYSTEM, ATC: COUGH AND COLD PREPARATIONS, ATC: EXPECTORANTS, EXCL. COMBINATIONS WITH COUGH SUPPRESSANTS, ATC: EXPECTORANTS, PRODUCT: GUAIFENESIN, PRODUCTSYNONYM: MUCINEX - version WHODrug-Global-B3\\202003. | Coder Import (b) (4) | 24 Nov 2020 17:53:26 |
| User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003. | Coder Import (b) (4) | 24 Nov 2020 17:53:26 |
| Data point term sent to Coder | System | 24 Nov 2020 16:42:02 |
| Coding entries removed. | Joanna Gurrola (b) (4) | 24 Nov 2020 16:41:03 |
| User coded data point as ATC: RESPIRATORY SYSTEM, ATC: COUGH AND COLD PREPARATIONS, ATC: EXPECTORANTS, EXCL. COMBINATIONS WITH COUGH SUPPRESSANTS, ATC: EXPECTORANTS, PRODUCT: GUAIFENESIN, PRODUCTSYNONYM: MUCINEX - version WHODrug-Global-B3\\202003. | Coder Import (b) (4) | 04 Nov 2020 17:55:26 |
| User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003. | Coder Import (b) (4) | 04 Nov 2020 17:55:26 |
| Data point term sent to Coder | System | 04 Nov 2020 17:39:39 |
| User entered 'Mucinex' | Shannon Moyer (b) (4) | 04 Nov 2020 17:39:08 |

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:48

[Prophylaxis](#)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:39:08 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:48

[Indication](#)

| Audit | User | Time (GMT) |
|-------------------------------------------------------------|------------------------|----------------------|
| User entered 'COVID-19' reason for change: Data Entry Error | Joanna Gurrola (b) (4) | 24 Nov 2020 16:41:03 |
| User entered 'Congestion' | Shannon Moyer (b) (4) | 04 Nov 2020 17:39:08 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:48

[Dose per administration](#)

| Audit | User | Time (GMT) |
|-------------------|----------------------------------|----------------------|
| User entered '20' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:39:08 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:48

[Dose unit](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| User entered 'mL (mL)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:39:08 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:48

If dose unit is Other, specify

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:39:08 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:48

[Frequency](#)

| Audit | User | Time (GMT) |
|--------------------------------|----------------------------------|----------------------|
| User entered 'as needed (PRN)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:39:08 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:48

[If frequency is Other, specify](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:39:08 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:48

[Route of administration](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| User entered 'Oral (ORAL)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:39:08 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:48

If route of administration is Other, specify

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:39:08 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:48

[Start date \(dd MMM yyyy\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| User entered '24 Oct 2020' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:39:08 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:48

[Start date completely unknown](#)

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:39:08 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:48

[Ongoing?](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:39:08 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:48

If not Ongoing, End date (*dd MMM yyyy*)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:39:08 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:48

[Was this medication taken for solicited event?](#)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:39:08 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:48

[Separate Dosage Number \(derived\)](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered empty. | System | 04 Nov 2020 17:39:08 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:48

[Interval Dosage Unit Number \(derived\)](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered empty. | System | 04 Nov 2020 17:39:08 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:48

[Interval Dosage Definition \(derived\)](#)

| Audit | User | Time (GMT) |
|---------------------|--------|----------------------|
| User entered empty. | System | 04 Nov 2020 17:39:08 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:48

[Name of Medication](#)

| Audit | User | Time (GMT) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------|
| User coded data point as ATC: BLOOD AND BLOOD FORMING ORGANS, ATC: ANTITHROMBOTIC AGENTS, ATC: ANTITHROMBOTIC AGENTS, ATC: PLATELET AGGREGATION INHIBITORS EXCL. HEPARIN, PRODUCT: ACETYLSALICYLIC ACID, PRODUCTSYNONYM: ASPIRIN [ACETYLSALICYLIC ACID] - version WHODrug-Global-B3\\202003. | Coder Import (b) (4) (b) (4) | 04 Nov 2020 17:42:25 |
| User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003. | Coder Import (b) (4) (b) (4) | 04 Nov 2020 17:42:25 |
| Data point term sent to Coder | System | 04 Nov 2020 17:41:46 |
| User entered 'Aspirin' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:40:47 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:48

[Prophylaxis](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:40:47 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:48

[Indication](#)

| Audit | User | Time (GMT) |
|-----------------------------------------------|----------------------------------|----------------------|
| User entered 'prophylaxis for cardiac health' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:40:47 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:48

[Dose per administration](#)

| Audit | User | Time (GMT) |
|-------------------|----------------------------------|----------------------|
| User entered '81' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:40:47 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:48

[Dose unit](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| User entered 'mg (mg)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:40:47 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:48

If dose unit is Other, specify

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:40:47 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:48

[Frequency](#)

| Audit | User | Time (GMT) |
|--------------------------------|----------------------------------|----------------------|
| User entered 'once daily (QD)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:40:47 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:48

[If frequency is Other, specify](#)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:40:47 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:48

[Route of administration](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| User entered 'Oral (ORAL)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:40:47 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:48

If route of administration is Other, specify

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:40:47 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:48

[Start date \(dd MMM yyyy\)](#)

| Audit | User | Time (GMT) |
|----------------------------|----------------------------------|----------------------|
| User entered '28 Oct 2020' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:40:47 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:48

[Start date completely unknown](#)

| Audit | User | Time (GMT) |
|------------------|----------------------------------|----------------------|
| User entered '0' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:40:47 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:48

[Ongoing?](#)

| Audit | User | Time (GMT) |
|------------------------|----------------------------------|----------------------|
| User entered 'Yes (Y)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:40:47 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:48

If not Ongoing, End date (dd MMM yyyy)

| Audit | User | Time (GMT) |
|---------------------|----------------------------------|----------------------|
| User entered empty. | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:40:47 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:48

[Was this medication taken for solicited event?](#)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 04 Nov 2020 17:40:47 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:48

[Separate Dosage Number \(derived\)](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '1' | System | 04 Nov 2020 17:40:47 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:48

[Interval Dosage Unit Number \(derived\)](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '1' | System | 04 Nov 2020 17:40:47 |

US3252638

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:48

[Interval Dosage Definition \(derived\)](#)

| Audit | User | Time (GMT) |
|--------------------------|--------|----------------------|
| User entered '804 (804)' | System | 04 Nov 2020 17:40:47 |

US3252638

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Generated On: 26 Nov 2020 10:53:48

[Were any concomitant procedures performed?](#)

| Audit | User | Time (GMT) |
|-----------------------|----------------------------------|----------------------|
| User entered 'No (N)' | Shannon Moyer (b) (4) (b) (4) | 07 Oct 2020 16:59:09 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[SAEID](#)

| Audit | User | Time (GMT) |
|-------------------------------------------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'USA-US108-2020-MRNA-1273-P301000012' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

Serious

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'No (N)' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

Death

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'No (N)' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Life threatening](#)

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'No (N)' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Requires inpatient or prolongation of existing Hospitalization](#)

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'No (N)' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Persistent or significant disability or incapacity](#)

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'No (N)' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Congenital anomaly or birth defect](#)

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'No (N)' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Other medically important event](#)

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'No (N)' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Investigator's First Name](#)

| Audit | User | Time (GMT) |
|----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'Joel' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Investigator's Last Name](#)

| Audit | User | Time (GMT) |
|----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'Solis' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Site Address: Street](#)

| Audit | User | Time (GMT) |
|------------------------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered '5201 N. 10th Street' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

Site Address: [City](#)

| Audit | User | Time (GMT) |
|------------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'Mcallen' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Site Address: State](#)

| Audit | User | Time (GMT) |
|----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'TX' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Site Address: Postal Code](#)

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'carmpa' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Investigator Country](#)

| Audit | User | Time (GMT) |
|----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 22 Nov 2020 14:03:55 |
| User entered 'US' | System | 03 Nov 2020 20:54:18 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[E2B Transmit Flag \(Derived/Hidden\)](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '2' | System | 22 Nov 2020 14:04:08 |
| User entered '1' | System | 03 Nov 2020 20:54:18 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[SAEID](#)

| Audit | User | Time (GMT) |
|-------------------------------------------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'USA-US108-2020-MRNA-1273-P301000012' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

Serious

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'No (N)' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Death](#)

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'No (N)' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Life threatening](#)

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'No (N)' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Requires inpatient or prolongation of existing Hospitalization](#)

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'No (N)' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Persistent or significant disability or incapacity](#)

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'No (N)' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Congenital anomaly or birth defect](#)

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'No (N)' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Other medically important event](#)

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'No (N)' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Investigator's First Name](#)

| Audit | User | Time (GMT) |
|----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'Joel' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Investigator's Last Name](#)

| Audit | User | Time (GMT) |
|----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'Solis' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Site Address: Street](#)

| Audit | User | Time (GMT) |
|------------------------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered '5201 N. 10th Street' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Site Address: City](#)

| Audit | User | Time (GMT) |
|------------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'Mcallen' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Site Address: State](#)

| Audit | User | Time (GMT) |
|----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'TX' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Site Address: Postal Code](#)

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'carmpa' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Investigator Country](#)

| Audit | User | Time (GMT) |
|----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 22 Nov 2020 14:03:55 |
| User entered 'US' | System | 03 Nov 2020 20:54:18 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[E2B Transmit Flag \(Derived/Hidden\)](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '2' | System | 22 Nov 2020 14:04:08 |
| User entered '1' | System | 03 Nov 2020 20:54:18 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 10:53:48

[Date of submission \(Pre-filled from custom function\)](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '03/Nov/2020 15:54' | System | 03 Nov 2020 20:54:18 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 10:53:48

Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.

| Audit | User | Time (GMT) |
|----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 22 Nov 2020 14:03:55 |
| User entered 'I' | (b) (4), (b) (6) | 03 Nov 2020 20:54:18 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[SAEID](#)

| Audit | User | Time (GMT) |
|-------------------------------------------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'USA-US108-2020-MRNA-1273-P301000012' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

Serious

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'No (N)' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

Death

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'No (N)' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Life threatening](#)

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'No (N)' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Requires inpatient or prolongation of existing Hospitalization](#)

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'No (N)' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Persistent or significant disability or incapacity](#)

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'No (N)' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Congenital anomaly or birth defect](#)

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'No (N)' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Other medically important event](#)

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'No (N)' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Investigator's First Name](#)

| Audit | User | Time (GMT) |
|----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'Joel' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Investigator's Last Name](#)

| Audit | User | Time (GMT) |
|----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'Solis' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Site Address: Street](#)

| Audit | User | Time (GMT) |
|------------------------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered '5201 N. 10th Street' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Site Address: City](#)

| Audit | User | Time (GMT) |
|------------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'Mcallen' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Site Address: State](#)

| Audit | User | Time (GMT) |
|----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'TX' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Site Address: Postal Code](#)

| Audit | User | Time (GMT) |
|-----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 03 Nov 2020 20:54:10 |
| User entered 'carmpa' | System | 03 Nov 2020 20:53:46 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[Investigator Country](#)

| Audit | User | Time (GMT) |
|----------------------|------------------|----------------------|
| Reviewed for Safety. | (b) (4), (b) (6) | 22 Nov 2020 14:03:55 |
| User entered 'US' | System | 03 Nov 2020 20:54:18 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:53:48

[E2B Transmit Flag \(Derived/Hidden\)](#)

| Audit | User | Time (GMT) |
|------------------|--------|----------------------|
| User entered '2' | System | 22 Nov 2020 14:04:08 |
| User entered '1' | System | 03 Nov 2020 20:54:18 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form (2)

Generated On: 26 Nov 2020 10:53:48

[Date of submission \(Pre-filled from custom function\)](#)

| Audit | User | Time (GMT) |
|----------------------------------|--------|----------------------|
| User entered '22/Nov/2020 09:04' | System | 22 Nov 2020 14:04:08 |

US3252638

Folder: SAE USA-US108-2020-MRNA-1273-P301000012

Form: Safety Report Form (2)

Generated On: 26 Nov 2020 10:53:48

Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.

| Audit | User | Time (GMT) |
|------------------|------------------|----------------------|
| User entered 'I' | (b) (4), (b) (6) | 22 Nov 2020 14:04:08 |
| | | |