

US3002031 (Prod: Meridian Clinical Research)

Generated By: (b) (6)

Generated On: 26 Nov 2020 08:39:22

All time stamps listed in this document are displayed in GMT

US3002031

Form: Participant Creation

Generated On: 26 Nov 2020 08:39:22

[Participant ID](#)

US3002031

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

US3002031

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	28 JUL 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 08:39:22

Date of Birth (MMM yyyy)	(b) (6) 1994
Age	25
Age Units	YEARS
Age (Derived)	25
Sex	Female <input checked="" type="radio"/> Male <input type="radio"/>
Ethnicity	Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input checked="" type="radio"/> Not Reported <input type="radio"/> Unknown <input type="radio"/>
Race (Check All That Apply)	
White	True
Black	True
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 08:39:22

Date of Informed Consent (<i>dd MMM yyyy</i>)	28 JUL 2020
Month and Year of Informed Consent (derived)	JUL 2020
Year of Informed Consent (derived)	2020
Protocol Version	Amendment 1 <input checked="" type="radio"/>
	Amendment 2 <input type="radio"/>
	Amendment 3 <input type="radio"/>
	Amendment 4 <input 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 08:39:22

[Did the participant meet all eligibility criteria?](#)

Yes ☒

No ☐

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Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 08:39:22

[Were any significant conditions reported?](#)

Yes ☒

No ☐

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Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 08:39:22

Condition	MILD INTERMITTENT ASTHMA
Start date (dd MMM yyyy)	UN UNK 1995
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 2010
Stop date completely unknown	False
Start Month and Year (derived)	JAN 1995
Start Year (derived)	1995
Stop Month and Year (derived)	JAN 2010
Stop Year (derived)	2010

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Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 08:39:22

Condition	FIBROMIALGIA
Start date (dd MMM yyyy)	UN UNK 2015
Start date completely unknown	False
Condition ongoing at study entry	Yes <input checked="" type="radio"/> No <input type="radio"/>
If No, please specify the stop date (dd MMM yyyy)	
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2015
Start Year (derived)	2015
Stop Month and Year (derived)	
Stop Year (derived)	

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Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 08:39:22

Condition	OBESITY
Start date (dd MMM yyyy)	UN UNK 2000
Start date completely unknown	False
Condition ongoing at study entry	Yes <input checked="" type="radio"/> No <input type="radio"/>
If No, please specify the stop date (dd MMM yyyy) _____	
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2000
Start Year (derived)	2000
Stop Month and Year (derived)	_____
Stop Year (derived)	_____

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Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	28 JUL 2020
Time of assessment (<i>00:00-23:59</i>)	14:57 (24 HR)
Vital Signs Date and Time (derived)	28 JUL 2020 14:57
Height (<i>xxx.x</i>)	173.1 cm
Weight (<i>xxx.x</i>)	136.3 kg
BMI (<i>xxx.x</i>)	45.48851 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 08:39:22

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

28 JUL 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 08:39:22

Date of assessment (*dd MMM yyyy*) 28 JUL 2020

Is the participant of childbearing potential? Yes ☒ No ☐

If No, what is the reason? Surgically sterile ☐
Post-menopausal ☐
Partner medically sterile ☐
Not reached age of Menarche ☐
Other ☐

If Partner medically sterile or Other, specify _____

If Surgically sterile, date of surgery (*dd MMM yyyy*) _____

Date of surgery unknown False

If Post-menopausal, date of last menstruation (*dd MMM yyyy*) _____

Date of last menstruation unknown False

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Folder: Screening

Form: Pregnancy Test

Generated On: 26 Nov 2020 08:39:22

Was the pregnancy test performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of test (<i>dd MMM yyyy</i>)	28 JUL 2020
Test performed	Urine <input checked="" type="radio"/>
	Serum <input type="radio"/>
Result	Positive <input type="radio"/>
	Negative <input checked="" type="radio"/>
Was FSH sample collected?	Yes <input type="radio"/>
	No <input checked="" type="radio"/>
Collection date	
Collection time	
Collection date and time (derived)	

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Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

Occupational Risk

Healthcare workers (e.g., doctors, nurses, dentists, hospital support staff, morgue/mortuary workers)	Yes <input type="radio"/>	No <input type="radio"/>
Emergency Response (e.g., Law enforcement officers, Firefighters, emergency medical service workers)	Yes <input type="radio"/>	No <input type="radio"/>
Retail or Restaurant Operations , particularly those in critical and/high-customer volume (e.g., grocery, convenience, hardware, big-box stores)	Yes <input type="radio"/>	No <input type="radio"/>
Manufacturing & Production Operations with inherent overcrowding (e.g., factory workers, meat/food processing plants)	Yes <input type="radio"/>	No <input type="radio"/>
Warehouse shipping and fulfillment centers and jobs (e.g., Amazon facilities)	Yes <input type="radio"/>	No <input type="radio"/>
Transportation and delivery services (e.g., airlines, public transit, taxi/UBER, fed ex/UPS, postal workers)	Yes <input type="radio"/>	No <input type="radio"/>
Border Protection and Military Personnel (e.g., TSA, custom and border protection agents, military personnel not social distancing)	Yes <input type="radio"/>	No <input type="radio"/>
Personal Care and in-home services (e.g., barber/salon/spa, in-home repair services, electricians, plumbers, janitorial services)	Yes <input type="radio"/>	No <input type="radio"/>
Hospitality and Tourism Workers (e.g., hotel, casino, amusement/theme park, entertainment, ski resorts)	Yes <input type="radio"/>	No <input type="radio"/>
Pastoral, Social or Public Health Workers requiring frequent contact with community members (e.g., social workers, volunteers, religious clergy)	Yes <input type="radio"/>	No <input type="radio"/>
Educators and Students (e.g., teachers, administrators, support staff, and students interacting in face-to-face school setting)	Yes <input type="radio"/>	No <input type="radio"/>
Other	Yes <input type="radio"/>	No <input type="radio"/>

Specify

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

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Resides in high density housing (e.g., high rise apartments with shared entrances or elevators)	True
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)	False
Other	False
Specify	

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Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	28 JUL 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 08:39:22

What was the date of randomization? (dd MMM yyyy) 28 JUL 2020

What was the participant's randomization number? 142147

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 ☒

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Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 08:39:22

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 08:39:22

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)	28 JUL 2020
Time of assessment (00:00-23:59)	14:57 (24 HR)
Vital Signs Date and Time (derived)	28 JUL 2020 14:57
Temperature (xxx.x)	37.1 C
Route of measurement	Oral <input checked="" type="radio"/> Axillary <input type="radio"/> Other <input type="radio"/>
If Other, specify	
Pulse (xxx)	72 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	14 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	124 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	76 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 08:39:22

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)	28 JUL 2020
Time of assessment (00:00-23:59)	16:38 (24 HR)
Vital Signs Date and Time (derived)	28 JUL 2020 16:38
Temperature (xxx.x)	37.0 C
Route of measurement	Oral <input checked="" type="radio"/> Axillary <input type="radio"/> Other <input type="radio"/>
If Other, specify	
Pulse (xxx)	68 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	14 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	132 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	84 mmHg
Diastolic Blood Pressure units	MMHG

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Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

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: Pregnancy Test

Generated On: 26 Nov 2020 08:39:22

Was the pregnancy test performed? Yes ☐
No ☒

Date of test (*dd MMM yyyy*) _____

Test performed Urine ☐
Serum ☐

Result Positive ☐
Negative ☐

Was FSH sample collected? Yes ☐
No ☒

Collection date _____

Collection time _____

Collection date and time (derived) _____

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Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

Was study treatment given? Yes ☒ No ☐

If No, reason not given

Participant declined due to Adverse Event ☐

Physician withheld dose due to Adverse Event ☐

Death ☐

Lost To Follow-Up ☐

Physician Decision ☐

Pregnancy ☐

Protocol Deviation ☐

Study Terminated by Sponsor ☐

Withdrawal of Consent by Participant ☐

Confirmed COVID-19 ☐

Other ☐

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) 28 JUL 2020

What was the treatment time? (00:00-23:59) 16:07 (24 HR)

Treatment Date and Time (derived) 28 JUL 2020 16:07

Which arm was used to give treatment? Left Arm ☒ Right Arm ☐

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 08:39:22

Was the sample collected?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Collection date (<i>dd MMM yyyy</i>)	28 JUL 2020
Collection time (<i>00:00-23:59</i>)	15:41 (24 HR)
Collection date and time (derived)	28 JUL 2020 15:41

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Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 08:39:22

Collection date (<i>dd MMM yyyy</i>)			28 JUL 2020
Lab Test	Was the sample collected?	Collection time (<i>00:00 - 23:59</i>)	Collection date and time (derived)
Nasopharyngeal Swab 1	Yes	15:36	28 JUL 2020 15:36
Nasopharyngeal Swab 2	No		

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Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

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 08:39:22

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

98.6 °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

28 JUL 2020 16:42

PC Open Date & Time

28 JUL 2020 16:27

PC Close Date & Time

28 JUL 2020 18:57

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

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 98.7 °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	28 JUL 2020 19:54
PC Open Date & Time	28 JUL 2020 19:52
PC Close Date & Time	29 JUL 2020 11:59

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 08:39:22

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 <input checked="" type="radio"/>
	No <input type="radio"/>
Please record your TEMPERATURE in °F	96.7 °F
Was any MEDICATION TAKEN today for pain or fever ?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>

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

To TREAT pain or fever that has already occurred	True
To PREVENT pain or fever from occurring	False

PC Time Stamp	29 JUL 2020 12:03
PC Open Date & Time	29 JUL 2020 12:00
PC Close Date & Time	30 JUL 2020 11:59

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 08:39:22

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 <input checked="" type="radio"/>
	No <input type="radio"/>
Please record your TEMPERATURE in °F	98.0 °F
Was any MEDICATION TAKEN today for pain or fever ?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>

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

To TREAT pain or fever that has already occurred	True
To PREVENT pain or fever from occurring	False
PC Time Stamp	30 JUL 2020 14:12
PC Open Date & Time	30 JUL 2020 12:00
PC Close Date & Time	31 JUL 2020 11:59

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 08:39:22

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

97.3 °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):

To **TREAT** pain or fever that has already occurred

True

To **PREVENT** pain or fever from occurring

False

PC Time Stamp

31 JUL 2020 17:18

PC Open Date & Time

31 JUL 2020 12:00

PC Close Date & Time

01 AUG 2020 11:59

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 08:39:22

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

97.6 °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

01 AUG 2020 13:52

PC Open Date & Time

01 AUG 2020 12:00

PC Close Date & Time

02 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 08:39:22

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

98.6 °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):

To **TREAT** pain or fever that has already occurred

True

To **PREVENT** pain or fever from occurring

False

PC Time Stamp

02 AUG 2020 19:52

PC Open Date & Time

02 AUG 2020 12:00

PC Close Date & Time

03 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 08:39:22

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

98.6 °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):

To **TREAT** pain or fever that has already occurred

True

To **PREVENT** pain or fever from occurring

False

PC Time Stamp

03 AUG 2020 17:05

PC Open Date & Time

03 AUG 2020 12:00

PC Close Date & Time

04 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(8)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 8

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

96.7 °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):

To **TREAT** pain or fever that has already occurred

True

To **PREVENT** pain or fever from occurring

False

PC Time Stamp

05 AUG 2020 10:41

PC Open Date & Time

04 AUG 2020 12:00

PC Close Date & Time

05 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(9)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 9

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 <input checked="" type="radio"/>
	No <input type="radio"/>
Please record your TEMPERATURE in °F	98.6 °F
Was any MEDICATION TAKEN today for pain or fever ?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>

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

To TREAT pain or fever that has already occurred	True
To PREVENT pain or fever from occurring	False

PC Time Stamp	05 AUG 2020 13:42
PC Open Date & Time	05 AUG 2020 12:00
PC Close Date & Time	06 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(10)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 10

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 <input checked="" type="radio"/>
	No <input type="radio"/>
Please record your TEMPERATURE in °F	98.0 °F
Was any MEDICATION TAKEN today for pain or fever ?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>

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

To TREAT pain or fever that has already occurred	True
To PREVENT pain or fever from occurring	False

PC Time Stamp	06 AUG 2020 20:04
PC Open Date & Time	06 AUG 2020 12:00
PC Close Date & Time	07 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(11)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 11

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

97.6 °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 AUG 2020 12:37

PC Open Date & Time

07 AUG 2020 12:00

PC Close Date & Time

08 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

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

28 JUL 2020 16:42

PC Open Date & Time

28 JUL 2020 16:27

PC Close Date & Time

28 JUL 2020 18:57

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

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

28 JUL 2020 19:55

PC Open Date & Time

28 JUL 2020 19:52

PC Close Date & Time

29 JUL 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 08:39:22

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

29 JUL 2020 12:04

PC Open Date & Time

29 JUL 2020 12:00

PC Close Date & Time

30 JUL 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 08:39:22

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

30 JUL 2020 14:12

PC Open Date & Time

30 JUL 2020 12:00

PC Close Date & Time

31 JUL 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 08:39:22

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

31 JUL 2020 17:19

PC Open Date & Time

31 JUL 2020 12:00

PC Close Date & Time

01 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 08:39:22

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

01 AUG 2020 13:52

PC Open Date & Time

01 AUG 2020 12:00

PC Close Date & Time

02 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 08:39:22

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

02 AUG 2020 19:54

PC Open Date & Time

02 AUG 2020 12:00

PC Close Date & Time

03 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 08:39:22

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

03 AUG 2020 17:05

PC Open Date & Time

03 AUG 2020 12:00

PC Close Date & Time

04 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

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

No ☒

Yes ☐

PC Time stamp	28 JUL 2020 16:44
PC Open Date & Time	28 JUL 2020 16:27
PC Close Date & Time	28 JUL 2020 18:57

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

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

No ☒

Yes ☐

PC Time stamp	28 JUL 2020 19:55
PC Open Date & Time	28 JUL 2020 19:52
PC Close Date & Time	29 JUL 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

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 ☒

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

Yes <input type="checkbox"/>	
PC Time stamp	29 JUL 2020 12:05
PC Open Date & Time	29 JUL 2020 12:00
PC Close Date & Time	30 JUL 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

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 ☒

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

Yes <input type="checkbox"/>	
PC Time stamp	30 JUL 2020 14:13
PC Open Date & Time	30 JUL 2020 12:00
PC Close Date & Time	31 JUL 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

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 ☒

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

		Yes <input type="checkbox"/>
PC Time stamp	31 JUL 2020 17:20	
PC Open Date & Time	31 JUL 2020 12:00	
PC Close Date & Time	01 AUG 2020 11:59	

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

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 ☒

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

Yes <input type="checkbox"/>	
PC Time stamp	01 AUG 2020 13:53
PC Open Date & Time	01 AUG 2020 12:00
PC Close Date & Time	02 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

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 ☒

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

Yes <input type="checkbox"/>	
PC Time stamp	02 AUG 2020 19:54
PC Open Date & Time	02 AUG 2020 12:00
PC Close Date & Time	03 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

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 ☒

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

Yes <input type="checkbox"/>	
PC Time stamp	03 AUG 2020 17:07
PC Open Date & Time	03 AUG 2020 12:00
PC Close Date & Time	04 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(8)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 8

Select one response below to indicate the intensity of your

None ☐

HEADACHE

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 ☐

PC Time Stamp 05 AUG 2020 10:41

PC Open Date & Time 04 AUG 2020 12:00

PC Close Date & Time 05 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(9)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 9

Select one response below to indicate the intensity of your

None ☐

HEADACHE

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 ☐

PC Time Stamp

05 AUG 2020 13:42

PC Open Date & Time

05 AUG 2020 12:00

PC Close Date & Time

06 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(10)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 10

Select one response below to indicate the intensity of your

None ☐

HEADACHE

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 ☐

PC Time Stamp

06 AUG 2020 20:04

PC Open Date & Time

06 AUG 2020 12:00

PC Close Date & Time

07 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(11)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 11

Select one response below to indicate the intensity of your

None ☒

HEADACHE

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 ☐

PC Time Stamp 07 AUG 2020 12:37

PC Open Date & Time 07 AUG 2020 12:00

PC Close Date & Time 08 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(8)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 8

Select one response below to indicate the intensity of your

None ☐

FATIGUE

No interference with activity ☒

Some interference with activity ☐

Significant; prevents daily activity ☐

PC Time Stamp 05 AUG 2020 10:41

PC Open Date & Time 04 AUG 2020 12:00

PC Close Date & Time 05 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(9)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 9

Select one response below to indicate the intensity of your

None ☒

FATIGUE

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily activity ☐

PC Time Stamp

05 AUG 2020 13:42

PC Open Date & Time

05 AUG 2020 12:00

PC Close Date & Time

06 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(8)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 8

Select one response below to indicate the intensity of your **MUSCLE**

ACHES ALL OVER BODY

None ☐

No interference with activity ☒

Some interference with activity ☐

Significant; prevents daily activity ☐

PC Time stamp 05 AUG 2020 10:41

PC Open Date & Time 04 AUG 2020 12:00

PC Close Date & Time 05 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(9)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 9

Select one response below to indicate the intensity of your **MUSCLE**

ACHES ALL OVER BODY

None ☐

No interference with activity ☒

Some interference with activity ☐

Significant; prevents daily activity ☐

PC Time stamp 05 AUG 2020 13:42

PC Open Date & Time 05 AUG 2020 12:00

PC Close Date & Time 06 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(10)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 10

Select one response below to indicate the intensity of your **MUSCLE**

None ☐

ACHES ALL OVER BODY

No interference with activity ☒

Some interference with activity ☐

Significant; prevents daily activity ☐

PC Time stamp 06 AUG 2020 20:04

PC Open Date & Time 06 AUG 2020 12:00

PC Close Date & Time 07 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(11)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 11

Select one response below to indicate the intensity of your **MUSCLE**

ACHES ALL OVER BODY

None ☐

No interference with activity ☒

Some interference with activity ☐

Significant; prevents daily activity ☐

PC Time stamp 07 AUG 2020 12:37

PC Open Date & Time 07 AUG 2020 12:00

PC Close Date & Time 08 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(12)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 12

Select one response below to indicate the intensity of your **MUSCLE**

None ☒

ACHES ALL OVER BODY

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily activity ☐

PC Time stamp 08 AUG 2020 22:21

PC Open Date & Time 08 AUG 2020 12:00

PC Close Date & Time 09 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Nausea_Day(8)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 8

Select one response below to indicate the level of your

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 ☐

PC Time stamp 05 AUG 2020 10:41

PC Open Date & Time 04 AUG 2020 12:00

PC Close Date & Time 05 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(8)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT	DAY 8
Did you receive any MEDICAL ATTENTION (doctor visit, other) for any illness or symptoms?	No <input checked="" type="radio"/> Yes <input type="radio"/>
PC Time stamp	05 AUG 2020 10:42
PC Open Date & Time	04 AUG 2020 12:00
PC Close Date & Time	05 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(9)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT	DAY 9
Did you receive any MEDICAL ATTENTION (doctor visit, other) for any illness or symptoms?	No <input checked="" type="radio"/> Yes <input type="radio"/>
PC Time stamp	05 AUG 2020 13:42
PC Open Date & Time	05 AUG 2020 12:00
PC Close Date & Time	06 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(10)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT	DAY 10
Did you receive any MEDICAL ATTENTION (doctor visit, other) for any illness or symptoms?	No <input checked="" type="radio"/> Yes <input type="radio"/>
PC Time stamp	06 AUG 2020 20:04
PC Open Date & Time	06 AUG 2020 12:00
PC Close Date & Time	07 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(11)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT	DAY 11
Did you receive any MEDICAL ATTENTION (doctor visit, other) for any illness or symptoms?	No <input checked="" type="radio"/> Yes <input type="radio"/>
PC Time stamp	07 AUG 2020 12:37
PC Open Date & Time	07 AUG 2020 12:00
PC Close Date & Time	08 AUG 2020 11:59

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(12)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT	DAY 12
Did you receive any MEDICAL ATTENTION (doctor visit, other) for any illness or symptoms?	No <input checked="" type="radio"/> Yes <input type="radio"/>
PC Time stamp	08 AUG 2020 22:21
PC Open Date & Time	08 AUG 2020 12:00
PC Close Date & Time	09 AUG 2020 11:59

US3002031

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

Was Contact Attempted?

Yes ☒

No ☐

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

05 AUG 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3002031

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3002031

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

Was Contact Attempted?

Yes ☒

No ☐

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

11 AUG 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3002031

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3002031

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

Was Contact Attempted?

Yes ☒

No ☐

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

19 AUG 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3002031

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3002031

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

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 VISIT2

US3002031

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

Timepoint	Pre-Dose <input checked="" type="radio"/>
	Post-Dose <input type="radio"/>
Were vital signs assessed?	Yes <input type="radio"/>
	No <input type="radio"/>
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="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
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	

US3002031

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

Timepoint	Pre-Dose <input type="checkbox"/>
	Post-Dose <input checked="" type="checkbox"/>
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	

US3002031

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

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.

US3002031

Folder: Visit 2 Day 29 (1)

Form: Pregnancy Test

Generated On: 26 Nov 2020 08:39:22

Was the pregnancy test performed?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
<hr/>	
Date of test (<i>dd MMM yyyy</i>)	<hr/>
Test performed	Urine <input type="checkbox"/>
	Serum <input type="checkbox"/>
Result	Positive <input type="checkbox"/>
	Negative <input type="checkbox"/>
Was FSH sample collected?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
Collection date	<hr/>
Collection time	<hr/>
Collection date and time (derived)	<hr/>

US3002031

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

Was study treatment given? Yes ☐
No ☐

If No, reason not given

Participant declined due to ☐
Adverse Event ☐
Physician withheld dose due to ☐
Adverse Event ☐
Death ☐
Lost To Follow-Up ☐
Physician Decision ☐
Pregnancy ☐
Protocol Deviation ☐
Study Terminated by Sponsor ☐
Withdrawal of Consent by ☐
Participant ☐
Confirmed COVID-19 ☐
Other ☐

If reason is Physician Decision, Withdrawal of Consent by
Participant, Protocol Deviation, or Other, specify _____

What was the study treatment? _____

What was the treatment date? (dd MMM yyyy) _____

What was the treatment time? (00:00-23:59) _____

Treatment Date and Time (derived) _____

Which arm was used to give treatment? Left Arm ☐
Right Arm ☐

What was the frequency of the study treatment dosing? _____

What was the route of administration for the study treatment? _____

US3002031

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

Was the sample collected?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
Collection date (<i>dd MMM yyyy</i>)	<hr/>
Collection time (<i>00:00-23:59</i>)	<hr/>
Collection date and time (derived)	<hr/>

US3002031

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 08:39:22

Collection date (<i>dd MMM yyyy</i>)			
Lab Test	Was the sample collected?	Collection time (<i>00:00 - 23:59</i>)	Collection date and time (derived)
Nasopharyngeal Swab 1			
Nasopharyngeal Swab 2			

US3002031

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3002031

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

Was Contact Attempted?

Yes ☐

No ☒

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

Please select one status for the follow-up contact

Contact Made ☐

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3002031

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3002031

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

Was Contact Attempted?

Yes ☐

No ☒

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

Please select one status for the follow-up contact

Contact Made ☐

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3002031

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3002031

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

Was Contact Attempted?

Yes ☐

No ☒

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

Please select one status for the follow-up contact

Contact Made ☐

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3002031

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3002031

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	23 NOV 2020
Was visit performed at the participant's home or at the clinic?	Home <input type="radio"/>
	Clinic <input checked="" type="radio"/>
Folder OID	VISIT3

US3002031

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	23 NOV 2020
Time of assessment (<i>00:00-23:59</i>)	16:45 (24 HR)
Vital Signs Date and Time (derived)	23 NOV 2020 16:45
Temperature (<i>xxx.x</i>)	37.0 C
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (<i>xxx</i>)	80 beats/min
Pulse units	BPM
Respiratory Rate (<i>xxx</i>)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (<i>xxx</i>)	118 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (<i>xxx</i>)	80 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

US3002031

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

23 NOV 2020

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

US3002031

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

Was the sample collected?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Collection date (<i>dd MMM yyyy</i>)	23 NOV 2020
Collection time (<i>00:00-23:59</i>)	17:18 (24 HR)
Collection date and time (derived)	23 NOV 2020 17:18

US3002031

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT	DAY 64
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 checked="" 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 checked="" 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 checked="" 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 checked="" type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature \geq 100.4°F/38°C)	True
Chills	True
Cough	True
Shortness of breath	True
Difficulty breathing	True
Fatigue	True
Muscle aches	True
Body aches	True
Headache	True
New loss of taste	True
New loss of smell	True
Sore throat	False
Congestion	False
Runny nose	True
Nausea	True
Vomiting	True
Diarrhea	True
Please contact your study clinic immediately. Click below to confirm that you have read this 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 checked="" 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 checked="" type="radio"/>

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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

27 SEP 2020 00:05:35

Patient Cloud Open Date & Time

27 SEP 2020 00:01

Patient Cloud Close Date & Time

01 OCT 2020 23:59

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 71

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

Date and time of submission

04 OCT 2020 00:47:20

Patient Cloud Open Date & Time

04 OCT 2020 00:01

Patient Cloud Close Date & Time

08 OCT 2020 23:59

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 78

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

Date and time of submission

11 OCT 2020 00:17:02

Patient Cloud Open Date & Time

11 OCT 2020 00:01

Patient Cloud Close Date & Time

15 OCT 2020 23:59

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 92

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

Date and time of submission

27 OCT 2020 10:41:11

Patient Cloud Open Date & Time

25 OCT 2020 00:01

Patient Cloud Close Date & Time

29 OCT 2020 23:59

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT	DAY 99
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 checked="" 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 checked="" type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Date and time of submission	01 NOV 2020 00:13:40
Patient Cloud Open Date & Time	01 NOV 2020 00:01
Patient Cloud Close Date & Time	05 NOV 2020 23:59

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 106

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

Date and time of submission

08 NOV 2020 08:55:18

Patient Cloud Open Date & Time

08 NOV 2020 00:01

Patient Cloud Close Date & Time

12 NOV 2020 23:59

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 113

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

Date and time of submission

15 NOV 2020 11:37:48

Patient Cloud Open Date & Time

15 NOV 2020 00:01

Patient Cloud Close Date & Time

19 NOV 2020 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	24 SEP 2020 00:01
Patient Cloud Close Date & Time	28 SEP 2020 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 OCT 2020 00:01
Patient Cloud Close Date & Time	05 OCT 2020 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 OCT 2020 00:01

[Patient Cloud Close Date & Time](#)

12 OCT 2020 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 OCT 2020 00:01
Patient Cloud Close Date & Time	19 OCT 2020 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 OCT 2020 00:01

[Patient Cloud Close Date & Time](#)

26 OCT 2020 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

29 OCT 2020 00:01

[Patient Cloud Close Date & Time](#)

02 NOV 2020 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐
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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	05 NOV 2020 00:01
Patient Cloud Close Date & Time	09 NOV 2020 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 NOV 2020 00:01
Patient Cloud Close Date & Time	16 NOV 2020 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	19 NOV 2020 00:01
Patient Cloud Close Date & Time	23 NOV 2020 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	26 NOV 2020 00:01
Patient Cloud Close Date & Time	30 NOV 2020 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

03 DEC 2020 00:01

[Patient Cloud Close Date & Time](#)

07 DEC 2020 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	10 DEC 2020 00:01
Patient Cloud Close Date & Time	14 DEC 2020 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	17 DEC 2020 00:01
Patient Cloud Close Date & Time	21 DEC 2020 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐ 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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	24 DEC 2020 00:01
Patient Cloud Close Date & Time	28 DEC 2020 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

31 DEC 2020 00:01

[Patient Cloud Close Date & Time](#)

04 JAN 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

07 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

11 JAN 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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°F/38°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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	14 JAN 2021 00:01
Patient Cloud Close Date & Time	18 JAN 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

21 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

25 JAN 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

28 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

01 FEB 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

04 FEB 2021 00:01

[Patient Cloud Close Date & Time](#)

08 FEB 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	11 FEB 2021 00:01
Patient Cloud Close Date & Time	15 FEB 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 2021 00:01

[Patient Cloud Close Date & Time](#)

22 FEB 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 FEB 2021 00:01

[Patient Cloud Close Date & Time](#)

01 MAR 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

04 MAR 2021 00:01

[Patient Cloud Close Date & Time](#)

08 MAR 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

11 MAR 2021 00:01

[Patient Cloud Close Date & Time](#)

15 MAR 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 MAR 2021 00:01

[Patient Cloud Close Date & Time](#)

22 MAR 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 2021 00:01
Patient Cloud Close Date & Time	29 MAR 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 2021 00:01

[Patient Cloud Close Date & Time](#)

05 APR 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

12 APR 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

19 APR 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 2021 00:01

[Patient Cloud Close Date & Time](#)

26 APR 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 2021 00:01

[Patient Cloud Close Date & Time](#)

03 MAY 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

06 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

10 MAY 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

13 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

17 MAY 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

20 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

24 MAY 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

27 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

31 MAY 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

03 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

07 JUN 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

10 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

14 JUN 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

17 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

21 JUN 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	24 JUN 2021 00:01
Patient Cloud Close Date & Time	28 JUN 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 2021 00:01

[Patient Cloud Close Date & Time](#)

05 JUL 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

12 JUL 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

19 JUL 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 JUL 2021 00:01
Patient Cloud Close Date & Time	26 JUL 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

29 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

02 AUG 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

05 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

09 AUG 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 AUG 2021 00:01
Patient Cloud Close Date & Time	16 AUG 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	19 AUG 2021 00:01
Patient Cloud Close Date & Time	23 AUG 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

30 AUG 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

02 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

06 SEP 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

09 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

13 SEP 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐
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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

16 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

20 SEP 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	23 SEP 2021 00:01
Patient Cloud Close Date & Time	27 SEP 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	30 SEP 2021 00:01
Patient Cloud Close Date & Time	04 OCT 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

07 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

11 OCT 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	14 OCT 2021 00:01
Patient Cloud Close Date & Time	18 OCT 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	21 OCT 2021 00:01
Patient Cloud Close Date & Time	25 OCT 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

28 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

01 NOV 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

04 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

08 NOV 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	11 NOV 2021 00:01
Patient Cloud Close Date & Time	15 NOV 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

22 NOV 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 NOV 2021 00:01
Patient Cloud Close Date & Time	29 NOV 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	02 DEC 2021 00:01
Patient Cloud Close Date & Time	06 DEC 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

09 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

13 DEC 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	16 DEC 2021 00:01
Patient Cloud Close Date & Time	20 DEC 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	23 DEC 2021 00:01
Patient Cloud Close Date & Time	27 DEC 2021 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	30 DEC 2021 00:01
Patient Cloud Close Date & Time	03 JAN 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

06 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

10 JAN 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	13 JAN 2022 00:01
Patient Cloud Close Date & Time	17 JAN 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	20 JAN 2022 00:01
Patient Cloud Close Date & Time	24 JAN 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	27 JAN 2022 00:01
Patient Cloud Close Date & Time	31 JAN 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

03 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

07 FEB 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

10 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

14 FEB 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	17 FEB 2022 00:01
Patient Cloud Close Date & Time	21 FEB 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	24 FEB 2022 00:01
Patient Cloud Close Date & Time	28 FEB 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

03 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

07 MAR 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

10 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

14 MAR 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	17 MAR 2022 00:01
Patient Cloud Close Date & Time	21 MAR 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

24 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

28 MAR 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

31 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

04 APR 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

07 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

11 APR 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

14 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

18 APR 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐
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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

21 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

25 APR 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

28 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

02 MAY 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

05 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

09 MAY 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

16 MAY 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

19 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

23 MAY 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

30 MAY 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

02 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

06 JUN 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

09 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

13 JUN 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

16 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

20 JUN 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

27 JUN 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐ 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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

30 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

04 JUL 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

07 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

11 JUL 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	14 JUL 2022 00:01
Patient Cloud Close Date & Time	18 JUL 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	21 JUL 2022 00:01
Patient Cloud Close Date & Time	25 JUL 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

28 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

01 AUG 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

04 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

08 AUG 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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	11 AUG 2022 00:01
Patient Cloud Close Date & Time	15 AUG 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

18 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

22 AUG 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 AUG 2022 00:01
Patient Cloud Close Date & Time	29 AUG 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 SEP 2022 00:01
Patient Cloud Close Date & Time	05 SEP 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

12 SEP 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

19 SEP 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

26 SEP 2022 23:59

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this 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 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

03 OCT 2022 23:59

US3002031

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

Was Contact Attempted? Yes ☐
No ☐

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

Please select one status for the follow-up contact

Contact Made ☐

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3002031

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3002031

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

Was Contact Attempted?

Yes ☒

No ☐

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

23 NOV 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3002031

Folder: Safety Call Day 119 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3002031

Folder: Safety Call Day 149 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

Was Contact Attempted? Yes ☐
No ☐

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

Please select one status for the follow-up contact

Contact Made ☐

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3002031

Folder: Safety Call Day 149 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

Is the participant continuing to the next visit?

Yes ☐

No ☐

Continuing Flag

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

Date of Contact	03 AUG 2020
Time of Contact	11:00
Date and Time of Contact (derived)	03 AUG 2020 11:00
Type of Contact	Clinic Visit - Scheduled <input type="checkbox"/>
	Clinical Visit - Unscheduled <input type="checkbox"/>
	Safety Call <input type="checkbox"/>
	Convalescent Tele-visit <input checked="" type="checkbox"/>
Has the subject reported symptoms of SARS-COV-2?	Yes <input checked="" type="checkbox"/>
	No <input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

	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 JUL 2020	
Assessment Not Done	True	
O2 Saturation		
O2 Saturation Units		
Temperature		
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	334 of 3703	

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
New Loss of Smell	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

	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 JUL 2020	
Assessment Not Done	True	
O2 Saturation	<hr/>	
O2 Saturation Units	<hr/>	
Temperature	<hr/>	
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	338 of 3703	

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
New Loss of Smell	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

	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 JUL 2020	
Assessment Not Done	True	
O2 Saturation		
O2 Saturation Units		
Temperature		
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	342 of 3703	

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
New Loss of Smell	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

	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 JUL 2020	
Assessment Not Done	True	
O2 Saturation		
O2 Saturation Units		
Temperature		
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	346 of 3703	

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
New Loss of Smell	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

	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	01 AUG 2020	
Assessment Not Done	True	
O2 Saturation		
O2 Saturation Units		
Temperature		
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	350 of 3703	

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
New Loss of Smell	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

	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	02 AUG 2020	
Assessment Not Done	True	
O2 Saturation	<input type="text"/>	
O2 Saturation Units	<input type="text"/>	
Temperature	<input type="text"/>	
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	354 of 3703	

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
New Loss of Smell	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

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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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

	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 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	37.0 C	
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 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)	358 of 3703	

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

	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 type="radio"/>
	Moderate	<input checked="" 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 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 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

	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 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

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 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

	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 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	98.6 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 checked="" type="radio"/>
	Mild	<input 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)	362 of 3703	

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

	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 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 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"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

	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 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

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 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

	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 AUG 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.1 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 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 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)	366 of 3703	

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

	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 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 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 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

	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"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

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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Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

	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 AUG 2020	
Assessment Not Done	False	
O2 Saturation	97 %	
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 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)	370 of 3703	

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Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

	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 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 (10)

Generated On: 26 Nov 2020 08:39:22

	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 (11)

Generated On: 26 Nov 2020 08:39:22

[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 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

	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	7 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	98.1 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 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 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)	374 of 3703	

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Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

	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 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 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 (11)

Generated On: 26 Nov 2020 08:39:22

	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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Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

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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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

	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	8 AUG 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
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 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)	378 of 3703	

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Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Mild	<input checked="" 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 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 (12)

Generated On: 26 Nov 2020 08:39:22

	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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Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

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 08:39:22

	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	9 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
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 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)	382 of 3703	

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Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

	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 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 (13)

Generated On: 26 Nov 2020 08:39:22

	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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Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

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 08:39:22

	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 AUG 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.6 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 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)	386 of 3703	

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Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

	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 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 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 (14)

Generated On: 26 Nov 2020 08:39:22

	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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Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

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 08:39:22

	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 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
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 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)	390 of 3703	

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Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

	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 (15)

Generated On: 26 Nov 2020 08:39:22

	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 (16)

Generated On: 26 Nov 2020 08:39:22

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 08:39:22

	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 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	98.5 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 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"/>	
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Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

	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 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 (16)

Generated On: 26 Nov 2020 08:39:22

	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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Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

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 08:39:22

	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 AUG 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.1 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 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 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"/>
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Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

	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 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 (17)

Generated On: 26 Nov 2020 08:39:22

	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 (18)

Generated On: 26 Nov 2020 08:39:22

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 08:39:22

	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 AUG 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.6 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 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"/>
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Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

	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 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 (18)

Generated On: 26 Nov 2020 08:39:22

	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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Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[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"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

	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 AUG 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.6 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 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)	406 of 3703	

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

	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"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

	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"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

	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 AUG 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.1 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 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 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)	410 of 3703	

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

	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"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

	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"/>

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

Date of Visit	03 AUG 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 type="radio"/> No <input checked="" type="radio"/>
Date of Test	03 AUG 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)	0

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 08:39:22

[Generate Next COVID-19 Assessment](#)

Yes ☒

No ☐

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

Date of Contact	25 AUG 2020
Time of Contact	15:50
Date and Time of Contact (derived)	25 AUG 2020 15:50
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"/>

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

	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 AUG 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	37.2 C	
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	417 of 3703	

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

	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 type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input 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 type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nasal Congestion	None	<input type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input checked="" type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[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"/>

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

	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 AUG 2020	
Assessment Not Done	False	
O2 Saturation	100 %	
O2 Saturation Units	%	
Temperature	98.8 F	
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	421 of 3703	

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

	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 type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input 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 type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nasal Congestion	None	<input type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

	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 AUG 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.8 F	
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	425 of 3703	

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Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

	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 type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input 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 type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nasal Congestion	None	<input type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3002031

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Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

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 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

	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 AUG 2020	
Assessment Not Done	False	
O2 Saturation	100 %	
O2 Saturation Units	%	
Temperature	99.0 F	
Chills	None	<input type="checkbox"/>
	Mild	<input 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 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Fatigue	None	<input type="checkbox"/>
v6.020 DTW (1102)	429 of 3703	

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Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

	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 type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input 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 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 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"/>

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

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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Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

	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 AUG 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.3 F	
Chills	None	<input type="checkbox"/>
	Mild	<input 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 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Fatigue	None	<input type="checkbox"/>
v6.020 DTW (1102)	433 of 3703	

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Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

	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 type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input 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 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 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 (5)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

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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Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

	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 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	98.5 F	
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	437 of 3703	

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Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

	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 type="radio"/>
	Moderate <input type="radio"/>
	Severe <input type="radio"/>
	Not Done <input type="radio"/>
Body Aches	None <input 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 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 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 type="radio"/>
	Severe <input type="radio"/>
	Not Done <input type="radio"/>
Nasal Congestion	None <input type="radio"/>
	Mild <input type="radio"/>
	Moderate <input type="radio"/>

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Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 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 08:39:22

[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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Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

	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 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	98.6 F	
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	441 of 3703	

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Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

	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 type="radio"/>
	Moderate <input type="radio"/>
	Severe <input type="radio"/>
	Not Done <input type="radio"/>
Body Aches	None <input 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 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 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 type="radio"/>
	Severe <input type="radio"/>
	Not Done <input type="radio"/>
Nasal Congestion	None <input type="radio"/>
	Mild <input type="radio"/>
	Moderate <input type="radio"/>

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Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

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"/>

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Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

	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 AUG 2020	
Assessment Not Done	True	
O2 Saturation		
O2 Saturation Units		
Temperature		
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	445 of 3703	

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
New Loss of Smell	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[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"/>

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

	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 AUG 2020	
Assessment Not Done	True	
O2 Saturation	<hr/>	
O2 Saturation Units	<hr/>	
Temperature	<hr/>	
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	449 of 3703	

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
New Loss of Smell	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

	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 AUG 2020	
Assessment Not Done	True	
O2 Saturation		
O2 Saturation Units		
Temperature		
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	453 of 3703	

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
New Loss of Smell	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

	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 AUG 2020	
Assessment Not Done	True	
O2 Saturation	<input type="text"/>	
O2 Saturation Units	<input type="text"/>	
Temperature	<input type="text"/>	
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	457 of 3703	

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
New Loss of Smell	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

Date of Visit	25 AUG 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 type="radio"/> No <input checked="" type="radio"/>
Date of Test	25 AUG 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)	0

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 08:39:22

[Generate Next COVID-19 Assessment](#)

Yes ☒

No ☐

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

Date of Contact	28 SEP 2020
Time of Contact	14:00
Date and Time of Contact (derived)	28 SEP 2020 14:00
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"/>

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[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"/>

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

	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 SEP 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	37.0 C	
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 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)	464 of 3703	

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

	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 SEP 2020	
Assessment Not Done	False	
O2 Saturation	100 %	
O2 Saturation Units	%	
Temperature	99.0 F	
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Fatigue	None	<input type="checkbox"/>
v6.020 DTW (1102)	468 of 3703	

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

	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 type="radio"/>
	Moderate <input type="radio"/>
	Severe <input type="radio"/>
	Not Done <input type="radio"/>
Body Aches	None <input 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 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 type="radio"/>
	Severe <input type="radio"/>
	Not Done <input type="radio"/>
Nasal Congestion	None <input type="radio"/>
	Mild <input type="radio"/>
	Moderate <input type="radio"/>

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

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 (3)

Generated On: 26 Nov 2020 08:39:22

	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 SEP 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.4 F	
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Fatigue	None	<input type="checkbox"/>
v6.020 DTW (1102)	472 of 3703	

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

	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 type="radio"/>
	Moderate <input type="radio"/>
	Severe <input type="radio"/>
	Not Done <input type="radio"/>
Body Aches	None <input 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 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 type="radio"/>
	Severe <input type="radio"/>
	Not Done <input type="radio"/>
Nasal Congestion	None <input type="radio"/>
	Mild <input type="radio"/>
	Moderate <input type="radio"/>

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

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 (4)

Generated On: 26 Nov 2020 08:39:22

	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	01 OCT 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.4 F	
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Fatigue	None	<input type="checkbox"/>
v6.020 DTW (1102)	476 of 3703	

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Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

	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 type="radio"/>
	Moderate <input type="radio"/>
	Severe <input type="radio"/>
	Not Done <input type="radio"/>
Body Aches	None <input 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 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 type="radio"/>
	Severe <input type="radio"/>
	Not Done <input type="radio"/>
Nasal Congestion	None <input type="radio"/>
	Mild <input type="radio"/>
	Moderate <input type="radio"/>

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

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 (5)

Generated On: 26 Nov 2020 08:39:22

	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	02 OCT 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.3 F	
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Fatigue	None	<input type="checkbox"/>
v6.020 DTW (1102)	480 of 3703	

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Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

	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 type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input 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 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 type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nasal Congestion	None	<input type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>

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Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

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 (6)

Generated On: 26 Nov 2020 08:39:22

	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 OCT 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.4 F	
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	484 of 3703	

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Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

	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 type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input 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 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 type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nasal Congestion	None	<input type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>

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Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

	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 OCT 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.4 F	
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	488 of 3703	

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

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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Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

	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 OCT 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.2 F	
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	492 of 3703	

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Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

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 (9)

Generated On: 26 Nov 2020 08:39:22

	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 OCT 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.2 F	
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	496 of 3703	

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Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

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 (10)

Generated On: 26 Nov 2020 08:39:22

	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 OCT 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.0 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)	500 of 3703	

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Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

	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"/>

US3002031

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Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

	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 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

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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Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

	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 OCT 2020	
Assessment Not Done	False	
O2 Saturation	96 %	
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 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)	504 of 3703	

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Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

	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 (11)

Generated On: 26 Nov 2020 08:39:22

	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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Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

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 (12)

Generated On: 26 Nov 2020 08:39:22

	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 OCT 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
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 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)	508 of 3703	

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Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

	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 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 (12)

Generated On: 26 Nov 2020 08:39:22

	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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Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

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 (13)

Generated On: 26 Nov 2020 08:39:22

	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 OCT 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
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 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 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)	512 of 3703	

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Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

	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 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 (13)

Generated On: 26 Nov 2020 08:39:22

	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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Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

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 (14)

Generated On: 26 Nov 2020 08:39:22

	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 OCT 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
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 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 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)	516 of 3703	

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Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input checked="" 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 (14)

Generated On: 26 Nov 2020 08:39:22

	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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Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

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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Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

	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 OCT 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.0 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 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)	520 of 3703	

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Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

	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 (15)

Generated On: 26 Nov 2020 08:39:22

	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 (16)

Generated On: 26 Nov 2020 08:39:22

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 (16)

Generated On: 26 Nov 2020 08:39:22

	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 OCT 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
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 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 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"/>
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Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Mild	<input checked="" type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

	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 (17)

Generated On: 26 Nov 2020 08:39:22

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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Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

	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 OCT 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	98.0 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 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 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"/>
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Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

	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 type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>

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Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

	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 (18)

Generated On: 26 Nov 2020 08:39:22

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 (18)

Generated On: 26 Nov 2020 08:39:22

	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 OCT 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	98.0 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 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 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"/>
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Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

	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 type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>

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Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

	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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Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

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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Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

	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 OCT 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	98.0 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 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 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"/>
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Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Mild	<input checked="" type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Runny Nose (Rhinorrhea)	None	<input type="radio"/>
	Mild	<input checked="" 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 (20)

Generated On: 26 Nov 2020 08:39:22

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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Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

	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 OCT 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	98.0 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 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 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)	540 of 3703	

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Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

	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 type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>

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Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

	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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Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

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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Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

	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 OCT 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	98.0 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 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 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)	544 of 3703	

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Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

	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 type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>

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Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

	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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Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

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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Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

	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 OCT 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.0 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 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 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"/>
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Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Mild	<input checked="" type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

	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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Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

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 type="checkbox"/>
Day 33	<input checked="" type="checkbox"/>

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Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

	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 OCT 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.0 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 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 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"/>
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Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

	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 type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>

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Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

	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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Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

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 type="checkbox"/>
Day 33	<input type="checkbox"/>

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Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input checked="" type="radio"/>
	Day 35	<input type="radio"/>
	Day 36	<input type="radio"/>
	Day 37	<input type="radio"/>
	Day 38	<input type="radio"/>
	Day 39	<input type="radio"/>
	Day 40	<input type="radio"/>
Date	21 OCT 2020	
Assessment Not Done	False	
O2 Saturation	100 %	
O2 Saturation Units	%	
Temperature	98.0 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 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 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"/>
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Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

	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 type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>

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Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

	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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Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

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 type="checkbox"/>
Day 33	<input type="checkbox"/>

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Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="radio"/>
	Day 35	<input checked="" type="radio"/>
	Day 36	<input type="radio"/>
	Day 37	<input type="radio"/>
	Day 38	<input type="radio"/>
	Day 39	<input type="radio"/>
	Day 40	<input type="radio"/>
Date	22 OCT 2020	
Assessment Not Done	False	
O2 Saturation	100 %	
O2 Saturation Units	%	
Temperature	98.0 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 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 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"/>
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Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

	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 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

	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"/>

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

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"/>

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

	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 SEP 2020	
Assessment Not Done	True	
O2 Saturation	<input type="text"/>	
O2 Saturation Units	<input type="text"/>	
Temperature	<input type="text"/>	
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	564 of 3703	

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Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
New Loss of Smell	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

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"/>

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Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

	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 SEP 2020	
Assessment Not Done	True	
O2 Saturation		
O2 Saturation Units		
Temperature		
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	568 of 3703	

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Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
New Loss of Smell	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

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"/>

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Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

	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 SEP 2020	
Assessment Not Done	True	
O2 Saturation		
O2 Saturation Units		
Temperature		
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	572 of 3703	

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Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
New Loss of Smell	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

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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Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

	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 SEP 2020	
Assessment Not Done	True	
O2 Saturation		
O2 Saturation Units		
Temperature		
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	576 of 3703	

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Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
New Loss of Smell	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

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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Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

	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 SEP 2020	
Assessment Not Done	True	
O2 Saturation		
O2 Saturation Units		
Temperature		
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	580 of 3703	

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Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
New Loss of Smell	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[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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Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

	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 SEP 2020	
Assessment Not Done	True	
O2 Saturation		
O2 Saturation Units		
Temperature		
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	584 of 3703	

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Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
New Loss of Smell	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[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 (32)

Generated On: 26 Nov 2020 08:39:22

	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 SEP 2020	
Assessment Not Done	True	
O2 Saturation		
O2 Saturation Units		
Temperature		
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	588 of 3703	

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Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
New Loss of Smell	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

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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Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

	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 SEP 2020	
Assessment Not Done	True	
O2 Saturation		
O2 Saturation Units		
Temperature		
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	592 of 3703	

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Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
New Loss of Smell	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

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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Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

	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 SEP 2020	
Assessment Not Done	True	
O2 Saturation		
O2 Saturation Units		
Temperature		
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input 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)	596 of 3703	

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Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
New Loss of Smell	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

[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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Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

	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 SEP 2020	
Assessment Not Done	True	
O2 Saturation		
O2 Saturation Units		
Temperature		
Chills	None	<input type="checkbox"/>
	Mild	<input 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 type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Fatigue	None	<input type="checkbox"/>
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Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

	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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input 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 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 type="checkbox"/>
New Loss of Smell	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input 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 type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

Date of Visit	28 SEP 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 SEP 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

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

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:

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

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 _____

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

Neurologic Dysfunction? Yes ☐
No ☒

Start Date

Evidence of Pneumonia:

Clinical Evidence Yes ☒
No ☐

Date of Assessment 09 SEP 2020

Radiographical Evidence Yes ☐
No ☒

Date of Assessment

Admission to an intensive care unit due to SARS-CoV-2 Yes ☐
No ☒

Start Date

End Date

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 08:39:22

[Generate Next COVID-19 Assessment](#)

Yes ☐
No ☒

US3002031

Folder: Illness Visit (1)

Form: Saliva Collection

Generated On: 26 Nov 2020 08:39:22

Visit	Was Saliva Collected?	Date of Collection
Day 3	No	
Day 5	No	
Day 7	No	
Day 9	No	
Day 14	No	
Day 21	No	
Day 28	No	

US3002031

Folder: Illness Visit (2)

Form: Saliva Collection

Generated On: 26 Nov 2020 08:39:22

Visit	Was Saliva Collected?	Date of Collection
Day 3	No	
Day 5	No	
Day 7	No	
Day 9	No	
Day 14	No	
Day 21	No	
Day 28	No	

US3002031

Folder: Illness Visit (3)

Form: Saliva Collection

Generated On: 26 Nov 2020 08:39:22

Visit	Was Saliva Collected?	Date of Collection
Day 3	No	
Day 5	No	
Day 7	No	
Day 9	No	
Day 14	No	
Day 21	No	
Day 28	No	

US3002031

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	03 AUG 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

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	03 AUG 2020
Time of assessment (<i>00:00-23:59</i>)	16:38 (24 HR)
Vital Signs Date and Time (derived)	03 AUG 2020 16:38
Height (<i>xxx.x</i>)	169 cm
Weight (<i>xxx.x</i>)	137.3 kg
Temperature (<i>xxx.x</i>)	37.0 C
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (<i>xxx</i>)	70 beats/min
Pulse units	BPM
Respiratory Rate (<i>xxx</i>)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (<i>xxx</i>)	130 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (<i>xxx</i>)	86 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

US3002031

Folder: Illness Visit Day 1 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

03 AUG 2020

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

US3002031

Folder: Illness Visit Day 1 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 08:39:22

Was Blood Sample Taken for Immunologic Assessment of
SARS_COV-2 Infection?

Yes ☒

No ☐

NA (COVID-19 Negative) ☐

Date of Collection

03 AUG 2020

US3002031

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	25 AUG 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

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	25 AUG 2020
Time of assessment (<i>00:00-23:59</i>)	16:22 (24 HR)
Vital Signs Date and Time (derived)	25 AUG 2020 16:22
Height (<i>xxx.x</i>)	173.0 cm
Weight (<i>xxx.x</i>)	135.9 kg
Temperature (<i>xxx.x</i>)	37.2 C
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (<i>xxx</i>)	88 beats/min
Pulse units	BPM
Respiratory Rate (<i>xxx</i>)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (<i>xxx</i>)	118 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (<i>xxx</i>)	82 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

US3002031

Folder: Illness Visit Day 1 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

25 AUG 2020

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

US3002031

Folder: Illness Visit Day 1 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 08:39:22

Was Blood Sample Taken for Immunologic Assessment of
SARS_COV-2 Infection?

Yes ☒

No ☐

NA (COVID-19 Negative) ☐

Date of Collection

25 AUG 2020

US3002031

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	28 SEP 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

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	28 SEP 2020
Time of assessment (<i>00:00-23:59</i>)	14:40 (24 HR)
Vital Signs Date and Time (derived)	28 SEP 2020 14:40
Height (<i>xxx.x</i>)	169.0 cm
Weight (<i>xxx.x</i>)	135.9 kg
Temperature (<i>xxx.x</i>)	37.0 C
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (<i>xxx</i>)	86 beats/min
Pulse units	BPM
Respiratory Rate (<i>xxx</i>)	15 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (<i>xxx</i>)	116 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (<i>xxx</i>)	90 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

US3002031

Folder: Illness Visit Day 1 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

28 SEP 2020

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

US3002031

Folder: Illness Visit Day 1 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 08:39:22

Was Blood Sample Taken for Immunologic Assessment of
SARS_COV-2 Infection?

Yes ☒

No ☐

NA (COVID-19 Negative) ☐

Date of Collection

28 SEP 2020

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	23 NOV 2020
Was visit performed at the participant's home or at the clinic?	Home <input type="radio"/>
	Clinic <input checked="" type="radio"/>
Folder OID	SICKD28

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	23 NOV 2020
Time of assessment (<i>00:00-23:59</i>)	16:45 (24 HR)
Vital Signs Date and Time (derived)	23 NOV 2020 16:45
Height (<i>xxx.x</i>)	169.9 cm
Weight (<i>xxx.x</i>)	134.6 kg
Temperature (<i>xxx.x</i>)	37.0 C
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (<i>xxx</i>)	80 beats/min
Pulse units	BPM
Respiratory Rate (<i>xxx</i>)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (<i>xxx</i>)	118 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (<i>xxx</i>)	80 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

23 NOV 2020

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

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 08:39:22

Was Blood Sample Taken for Immunologic Assessment of
SARS_COV-2 Infection?

Yes ☒

No ☐

NA (COVID-19 Negative) ☐

Date of Collection

23 NOV 2020

US3002031

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 08:39:22

Did the participant experience any adverse events?

Yes ☒

No ☐

If Yes, enter details on the Adverse Events form.

US3002031

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

AEID	USA-US005-2020-MRNA-1273-P30 1000003
Adverse event	PNEUMONIA
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)	09 SEP 2020
Start time (00:00-23:59)	
AE start date and time (derived)	
Ongoing?	Yes <input type="radio"/> No <input checked="" type="radio"/>
If not Ongoing, end date (dd MMM yyyy)	12 SEP 2020
End time (00:00-23:59)	
AE End Date and Time (derived)	
Severity	Grade 1/Mild <input type="radio"/> Grade 2/Moderate <input checked="" type="radio"/> Grade 3/Severe <input type="radio"/> Grade 4 <input type="radio"/>
Is the adverse event serious?	Yes <input checked="" type="radio"/> No <input type="radio"/>
AE is serious due To (check all that apply)	
Death	False
Life threatening	False
Requires inpatient or prolongation of existing Hospitalization	True
Hospital Admission Date (dd MMM yyyy)	09 SEP 2020
Hospital Discharge Date (dd MMM yyyy)	12 SEP 2020
Admitted to ICU?	Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown <input type="radio"/>
Number of Days in ICU	
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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

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 type="radio"/> Withdrawn <input type="radio"/> Not Applicable <input checked="" 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 type="radio"/> Recovered/Resolved <input checked="" 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	PT. WAS HOSPITALIZED FOR PNEUMONIA
Serious Adverse Event Derived (CSA Programming Field Only)	1
Medically Attended AE Derived (CSA Programming Field Only)	1
Admitted to ICU Derived (CSA Programming Field Only)	0

US3002031

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 08:39:22

AEID	USA-US005-2020-MRNA-1273-P30 1000003
Adverse event	COVID-19
Was this a medically-attended AE?	Yes <input type="radio"/> No <input checked="" 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)	18 SEP 2020
Start time (00:00-23:59)	
AE start date and time (derived)	
Ongoing?	Yes <input type="radio"/> No <input checked="" type="radio"/>
If not Ongoing, end date (dd MMM yyyy)	21 OCT 2020
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	

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Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 08:39:22

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 type="radio"/> Recovered/Resolved <input checked="" 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	MEDICAL RECORDS REQUESTED, NO LABS AVAILABLE. SUBJECT WAS DIAGNOSED WITH COVID PRIOR TO SCHEDULING ILLNESS VISIT.
Serious Adverse Event Derived (CSA Programming Field Only)	0
Medically Attended AE Derived (CSA Programming Field Only)	0
Admitted to ICU Derived (CSA Programming Field Only)	

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Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

AEID

Adverse event

SUSPECTED COVID-19

Was this a medically-attended AE?

Yes ☒
No ☐

Was this a Solicited Adverse Reaction?

Yes ☐
No ☒

Is this event a confirmed diagnosis of Symptomatic Covid-19?

Yes ☐
No ☒

Start date (dd MMM yyyy)

28 JUL 2020

Start time (00:00-23:59)

22:00 (24 HR)

AE start date and time (derived)

28 JUL 2020 22:00

Ongoing?

Yes ☐
No ☒

If not Ongoing, end date (dd MMM yyyy)

14 AUG 2020

End time (00:00-23:59)

AE End Date and Time (derived)

Severity

Grade 1/Mild ☒
Grade 2/Moderate ☐
Grade 3/Severe ☐
Grade 4 ☐

Is the adverse event serious?

Yes ☐
No ☒

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 ☐
No ☐
Unknown ☐

Number of Days in ICU

Persistent or significant disability or incapacity

False

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Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

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 checked="" type="radio"/> Dose Delayed <input type="radio"/> Investigational Product Withdrawn <input type="radio"/> Not Applicable <input type="radio"/>
Other action taken (check all that apply)	
None	False
Concomitant Medication	True
Concomitant Procedure	False
Outcome	Fatal <input type="radio"/> Not Recovered/Not Resolved <input type="radio"/> Recovered/Resolved <input checked="" 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 _____	
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) _____	

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

AEID	
Adverse event	SUSPECTED COVID-19
Was this a medically-attended AE?	Yes <input type="radio"/> No <input checked="" 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 type="radio"/> No <input checked="" type="radio"/>
Start date (dd MMM yyyy)	21 AUG 2020
Start time (00:00-23:59)	
AE start date and time (derived)	
Ongoing?	Yes <input type="radio"/> No <input checked="" type="radio"/>
If not Ongoing, end date (dd MMM yyyy)	01 SEP 2020
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	
Persistent or significant disability or incapacity	False

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Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

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 checked="" type="radio"/> Investigational Product Withdrawn <input type="radio"/> Not Applicable <input type="radio"/>
Other action taken (check all that apply)	
None	False
Concomitant Medication	True
Concomitant Procedure	False
Outcome	Fatal <input type="radio"/> Not Recovered/Not Resolved <input type="radio"/> Recovered/Resolved <input checked="" 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	
Serious Adverse Event Derived (CSA Programming Field Only)	0
Medically Attended AE Derived (CSA Programming Field Only)	0
Admitted to ICU Derived (CSA Programming Field Only)	

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 08:39:22

Were any prior/concomitant medications and/or vaccinations taken?

Yes ☒

No ☐

If Yes, please complete Prior/Concomitant Medication and Vaccination form.

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

Name of Medication	ADVIL
Prophylaxis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Indication	COVID LIKE ILLNESS
Dose per administration	250
Dose unit	mg <input checked="" type="checkbox"/> ug <input type="checkbox"/> mL <input 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"/>

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

	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"/>
<hr/>		
If route of administration is Other, specify <hr/>		
Start date (dd MMM yyyy)		28 JUL 2020
Start date completely unknown		False
Ongoing?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
<hr/>		
If not Ongoing, End date (dd MMM yyyy)		5 AUG 2020
Was this medication taken for solicited event?	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<hr/>		
Separate Dosage Number (derived)		<hr/>
Interval Dosage Unit Number (derived)		<hr/>
Interval Dosage Definition (derived)	802	<input type="checkbox"/>
	803	<input type="checkbox"/>
	804	<input type="checkbox"/>

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 08:39:22

Name of Medication	IBUPROFEN
Prophylaxis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Indication	VIRAL SYNDROME
Dose per administration	800
Dose unit	mg <input checked="" type="checkbox"/> ug <input type="checkbox"/> mL <input 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 type="checkbox"/> once <input checked="" 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"/>

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 08:39:22

	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"/>
<hr/>		
If route of administration is Other, specify <input type="text"/>		
<hr/>		
Start date (dd MMM yyyy)		27 AUG 2020
Start date completely unknown		False
Ongoing?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
<hr/>		
If not Ongoing, End date (dd MMM yyyy)		27 AUG 2020
<hr/>		
Was this medication taken for solicited event?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
<hr/>		
Separate Dosage Number (derived)		<input type="text"/>
Interval Dosage Unit Number (derived)		<input type="text"/>
Interval Dosage Definition (derived)		802 <input type="checkbox"/>
		803 <input type="checkbox"/>
		804 <input type="checkbox"/>

US3002031

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Generated On: 26 Nov 2020 08:39:22

Were any concomitant procedures performed?

Yes ☐

No ☒

If yes, please complete Concomitant Procedures form.

US3002031

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 08:39:22

Date of dosing discontinuation (dd MMM yyyy)

28 SEP 2020

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

US3002031

Folder: End of Study (1)

Form: End of Study / Study Discontinuation

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

SAEID	USA-US005-2020-MRNA-1273-P301000003
Serious	Yes <input checked="" type="radio"/> No <input 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 checked="" type="radio"/> No <input 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	BRANDON
Investigator's Last Name	ESSINK
Site Address: Street	3319 N 107TH
Site Address: City	OMAHA
Site Address: State	
Site Address: Postal Code	68134
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	7

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 08:39:22

SAEID	USA-US005-2020-MRNA-1273-P301000003
Serious	Yes <input checked="" type="radio"/> No <input 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 checked="" type="radio"/> No <input 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	BRANDON
Investigator's Last Name	ESSINK
Site Address: Street	3319 N 107TH
Site Address: City	OMAHA
Site Address: State	
Site Address: Postal Code	68134
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	7
Date of submission (Pre-filled from custom function)	30/SEP/2020 13:38
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

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form (2)

Generated On: 26 Nov 2020 08:39:22

SAEID	USA-US005-2020-MRNA-1273-P301000003
Serious	Yes <input checked="" type="radio"/> No <input 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 checked="" type="radio"/> No <input 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	BRANDON
Investigator's Last Name	ESSINK
Site Address: Street	3319 N 107TH
Site Address: City	OMAHA
Site Address: State	
Site Address: Postal Code	68134
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	7
Date of submission (Pre-filled from custom function)	30/SEP/2020 12:37
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

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form (3)

Generated On: 26 Nov 2020 08:39:22

SAEID	USA-US005-2020-MRNA-1273-P301000003
Serious	Yes <input checked="" type="radio"/> No <input 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 checked="" type="radio"/> No <input 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	BRANDON
Investigator's Last Name	ESSINK
Site Address: Street	3319 N 107TH
Site Address: City	OMAHA
Site Address: State	
Site Address: Postal Code	68134
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	7
Date of submission (Pre-filled from custom function)	01/OCT/2020 16:45
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

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form (4)

Generated On: 26 Nov 2020 08:39:22

SAEID	USA-US005-2020-MRNA-1273-P301000003
Serious	Yes <input checked="" type="radio"/> No <input 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 checked="" type="radio"/> No <input 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	BRANDON
Investigator's Last Name	ESSINK
Site Address: Street	3319 N 107TH
Site Address: City	OMAHA
Site Address: State	
Site Address: Postal Code	68134
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	7
Date of submission (Pre-filled from custom function)	09/NOV/2020 12:35
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

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form (5)

Generated On: 26 Nov 2020 08:39:22

SAEID	USA-US005-2020-MRNA-1273-P301000003
Serious	Yes <input checked="" type="radio"/> No <input 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 checked="" type="radio"/> No <input 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	BRANDON
Investigator's Last Name	ESSINK
Site Address: Street	3319 N 107TH
Site Address: City	OMAHA
Site Address: State	
Site Address: Postal Code	68134
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	7
Date of submission (Pre-filled from custom function)	18/NOV/2020 13:10
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

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form (6)

Generated On: 26 Nov 2020 08:39:22

SAEID	USA-US005-2020-MRNA-1273-P301000003
Serious	Yes <input checked="" type="radio"/> No <input 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 checked="" type="radio"/> No <input 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	BRANDON
Investigator's Last Name	ESSINK
Site Address: Street	3319 N 107TH
Site Address: City	OMAHA
Site Address: State	
Site Address: Postal Code	68134
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	7
Date of submission (Pre-filled from custom function)	19/NOV/2020 12:33
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

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form (7)

Generated On: 26 Nov 2020 08:39:22

SAEID	USA-US005-2020-MRNA-1273-P301000003
Serious	Yes <input checked="" type="radio"/> No <input 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 checked="" type="radio"/> No <input 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	BRANDON
Investigator's Last Name	ESSINK
Site Address: Street	3319 N 107TH
Site Address: City	OMAHA
Site Address: State	
Site Address: Postal Code	68134
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	7
Date of submission (Pre-filled from custom function)	24/NOV/2020 13:32
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

US3002031 (Prod: Meridian Clinical Research)

US3002031

Form: Participant Creation

Generated On: 26 Nov 2020 08:39:22

[Participant ID](#)

Audit	User	Time (GMT)
User entered 'US3002031'	RWS_ENDPOINT ENDPOINT (b) (4) <div></div>	28 Jul 2020 20:09:06

US3002031

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Was this visit performed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:20
User entered 'Yes (Y)'	(b) (4), (b) (6)	29 Jul 2020 15:40:00

US3002031

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Visit date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:20
User entered '28 JUL 2020'	RWS_ENDPOINT ENDPOINT (b) (4)	28 Jul 2020 20:09:07

US3002031

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Was visit performed at the participant's home or at the clinic?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:20
User entered 'Clinic (Clinic)'	(b) (4), (b) (6)	29 Jul 2020 15:40:00

US3002031

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'SCRN'	System	29 Jul 2020 15:40:00

US3002031

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

Date of Birth (MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:28
User entered (b) (6) 1994'	RWS_ENDPOINT ENDPOINT (b) (4)	28 Jul 2020 20:09:07

US3002031

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[Age](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:28
User entered '25'	(b) (4), (b) (6)	29 Jul 2020 15:40:18

US3002031

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[Age Units](#)

Audit	User	Time (GMT)
User entered 'YEARS'	System	29 Jul 2020 15:40:18

US3002031

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[Age \(Derived\)](#)

Audit	User	Time (GMT)
User entered '25'	System	28 Jul 2020 21:22:26

US3002031

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[Sex](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:28
User entered 'Female (F)'	(b) (4), (b) (6)	29 Jul 2020 15:40:18

US3002031

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[Ethnicity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:28
User entered 'Not Hispanic or Latino (NOT HISPANIC OR LATINO)'	(b) (4), (b) (6)	29 Jul 2020 15:40:18

US3002031

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[White](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:28
User entered 'I'	(b) (4), (b) (6)	29 Jul 2020 15:40:18

US3002031

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[Black](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:28
User entered 'I'	(b) (4), (b) (6)	29 Jul 2020 15:40:18

US3002031

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[Asian](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:28
User entered '0'	(b) (4), (b) (6)	29 Jul 2020 15:40:18

US3002031

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[American Indian or Alaska Native](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:28
User entered '0'	(b) (4), (b) (6)	29 Jul 2020 15:40:18

US3002031

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[Native Hawaiian or other Pacific Islander](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:28
User entered '0'	(b) (4), (b) (6)	29 Jul 2020 15:40:18

US3002031

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[Other](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:28
User entered '0'	(b) (4), (b) (6)	29 Jul 2020 15:40:18

US3002031

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[If race is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:28
User entered empty.	(b) (4), (b) (6)	29 Jul 2020 15:40:18

US3002031

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[Unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:28
User entered '0'	(b) (4), (b) (6)	29 Jul 2020 15:40:18

US3002031

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[Not reported](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:28
User entered '0'	(b) (4), (b) (6)	29 Jul 2020 15:40:18

US3002031

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 08:39:22

Date of Informed Consent (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:37
User entered '28 Jul 2020'	Jessica Satorie (b) (4) (b) (4)	28 Jul 2020 21:22:26

US3002031

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 08:39:22

[Month and Year of Informed Consent \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jul 2020'	System	28 Jul 2020 21:22:26

US3002031

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 08:39:22

[Year of Informed Consent \(derived\)](#)

Audit	User	Time (GMT)
User entered '2020'	System	28 Jul 2020 21:22:26

US3002031

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 08:39:22

[Protocol Version](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:37
User entered 'Amendment 1 (1)'	Jessica Satorie (b) (4) (b) (4)	28 Jul 2020 21:22:26

US3002031

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 08:39:22

[Was participant enrolled in the study?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:37
User entered 'Yes (Y)'	Jessica Satorie (b) (4) (b) (4)	28 Jul 2020 21:22:26

US3002031

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 08:39:22

[If No, indicate reason for screen fail](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:37
User entered empty.	Jessica Satorie (b) (4) (b) (4)	28 Jul 2020 21:22:26

US3002031

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 08:39:22

If reason for screen fail is Other, specify

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:37
User entered empty.	Jessica Satorie (b) (4) (b) (4)	28 Jul 2020 21:22:26

US3002031

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 08:39:22

[Was this participant screened previously?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:37
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	28 Jul 2020 21:22:26

US3002031

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 08:39:22

[If Yes, previous participant number](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:09:37
User entered empty.	RWS_ENDPOINT ENDPOINT (b) (4)	28 Jul 2020 20:09:07

US3002031

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 08:39:22

[Enrollment Trigger](#)

Audit	User	Time (GMT)
User entered '1'	System	28 Jul 2020 21:22:31

US3002031

Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 08:39:22

[Did the participant meet all eligibility criteria?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:11
User entered 'Yes (Y)'	Jessica Satorie (b) (4) (b) (4)	28 Jul 2020 21:22:31

US3002031

Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 08:39:22

[Were any significant conditions reported?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:32:22
User entered 'Yes (Y)'	(b) (4), (b) (6)	29 Jul 2020 15:40:52

US3002031

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 08:39:22

Condition

Audit	User	Time (GMT)
User closed query 'Per DM CLR: Please note that there is no Con Med listed for treatment of this condition and treatment would be expected for this condition. Please review and if applicable add a Con Med or provide an explanation for no medical treatment.' (Site from DM).	(b) (4), (b) (6)	05 Oct 2020 08:33:49
Query 'Per DM CLR: Please note that there is no Con Med listed for treatment of this condition and treatment would be expected for this condition. Please review and if applicable add a Con Med or provide an explanation for no medical treatment.' answered with 'Subject stated no meds taken due to being mild' (Site from DM).	(b) (4), (b) (6)	01 Oct 2020 16:56:35
User opened query 'Per DM CLR: Please note that there is no Con Med listed for treatment of this condition and treatment would be expected for this condition. Please review and if applicable add a Con Med or provide an explanation for no medical treatment.' (Site from DM).	(b) (4), (b) (6)	26 Aug 2020 06:09:31
User coded data point as SOC: Respiratory, thoracic and mediastinal disorders, HLGT: Bronchial disorders (excl neoplasms), HLT: Bronchospasm and obstruction, PT: Asthma, LLT: Asthma - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	14 Aug 2020 09:32:17
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	14 Aug 2020 09:32:17
Data point term sent to Coder	System	29 Jul 2020 15:41:36
User entered 'Mild intermittent asthma'	(b) (4), (b) (6)	29 Jul 2020 15:41:18

US3002031

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 08:39:22

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 1995'	(b) (4), (b) (6)	29 Jul 2020 15:41:18

US3002031

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 08:39:22

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	29 Jul 2020 15:41:18

US3002031

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 08:39:22

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	29 Jul 2020 15:41:18

US3002031

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 08:39:22

If No, please specify the stop date (dd MMM yyyy)

Audit	User	Time (GMT)
User closed query 'Per DM CLR: Please review the stop date of this Chronic MH condition, as this condition is not expected to resolve. Please review and update stop date if appropriate or provide explanation. ' (Site from DM).	(b) (4), (b) (6)	05 Oct 2020 08:34:07
Query 'Per DM CLR: Please review the stop date of this Chronic MH condition, as this condition is not expected to resolve. Please review and update stop date if appropriate or provide explanation. ' answered with 'This is per the subject that it has resolved' (Site from DM).	(b) (4), (b) (6)	01 Oct 2020 16:58:19
User opened query 'Per DM CLR: Please review the stop date of this Chronic MH condition, as this condition is not expected to resolve. Please review and update stop date if appropriate or provide explanation. ' (Site from DM).	(b) (4), (b) (6)	26 Aug 2020 06:08:56
User entered 'un UNK 2010'	(b) (4), (b) (6)	29 Jul 2020 15:41:18

US3002031

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 08:39:22

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	29 Jul 2020 15:41:18

US3002031

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 08:39:22

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 1995'	System	29 Jul 2020 15:41:18

US3002031

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 08:39:22

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '1995'	System	29 Jul 2020 15:41:18

US3002031

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 08:39:22

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2010'	System	29 Jul 2020 15:41:18

US3002031

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 08:39:22

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2010'	System	29 Jul 2020 15:41:18

US3002031

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 08:39:22

Condition

Audit	User	Time (GMT)
User coded data point as SOC: Musculoskeletal and connective tissue disorders, HLGT: Muscle disorders, HLT: Muscle pains, PT: Fibromyalgia, LLT: Fibromyalgia - version MedDRA\23.0.	Coder Import (b) (4) (b) (4)	03 Aug 2020 23:32:07
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\23.0.	Coder Import (b) (4) (b) (4)	03 Aug 2020 23:32:07
Data point term sent to Coder	System	29 Jul 2020 15:41:37
User entered 'Fibromialgia'	(b) (4), (b) (6) (b) (4)	29 Jul 2020 15:41:35

US3002031

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 08:39:22

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2015'	(b) (4), (b) (6)	29 Jul 2020 15:41:35

US3002031

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 08:39:22

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	29 Jul 2020 15:41:35

US3002031

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 08:39:22

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	29 Jul 2020 15:41:35

US3002031

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 08:39:22

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	29 Jul 2020 15:41:35

US3002031

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 08:39:22

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	29 Jul 2020 15:41:35

US3002031

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 08:39:22

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2015'	System	29 Jul 2020 15:41:35

US3002031

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 08:39:22

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2015'	System	29 Jul 2020 15:41:35

US3002031

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 08:39:22

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	29 Jul 2020 15:41:35

US3002031

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 08:39:22

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	29 Jul 2020 15:41:35

US3002031

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 08:39:22

Condition

Audit	User	Time (GMT)
User coded data point as SOC: Metabolism and nutrition disorders, HLGT: Appetite and general nutritional disorders, HLT: General nutritional disorders NEC, PT: Obesity, LLT: Obesity - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	03 Nov 2020 03:39:11
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 03:39:11
Data point term sent to Coder	System	03 Nov 2020 03:38:32
User entered 'obesity'	Tiffany Nemecek (b) (4) (b) (4)	03 Nov 2020 03:38:17

US3002031

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 08:39:22

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2000'	Tiffany Nemecek (b) (4) (b) (4)	03 Nov 2020 03:38:17

US3002031

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 08:39:22

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Tiffany Nemecek (b) (4) (b) (4)	03 Nov 2020 03:38:17

US3002031

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 08:39:22

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Tiffany Nemecek (b) (4) (b) (4)	03 Nov 2020 03:38:17

US3002031

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 08:39:22

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	Tiffany Nemecek (b) (4) (b) (4)	03 Nov 2020 03:38:17

US3002031

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 08:39:22

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Tiffany Nemecek (b) (4) (b) (4)	03 Nov 2020 03:38:17

US3002031

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 08:39:22

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2000'	System	03 Nov 2020 03:38:17

US3002031

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 08:39:22

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2000'	System	03 Nov 2020 03:38:17

US3002031

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 08:39:22

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	03 Nov 2020 03:38:17

US3002031

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 08:39:22

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	03 Nov 2020 03:38:17

US3002031

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:32:54
User entered 'Yes (Y)'	(b) (4), (b) (6)	29 Jul 2020 15:42:42

US3002031

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:32:54
User entered '28 Jul 2020'	(b) (4), (b) (6)	29 Jul 2020 15:42:42

US3002031

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:32:54
User entered '14:57'	(b) (4), (b) (6)	29 Jul 2020 15:42:42

US3002031

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '28 Jul 2020 14:57'	System	29 Jul 2020 15:42:42

US3002031

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Height \(xxx.x\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:32:54
User entered '173.1' cm	(b) (4), (b) (6)	29 Jul 2020 15:42:42
DataPoint set to visible.	System	28 Jul 2020 21:22:31

US3002031

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Weight \(xxx.x\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:32:54
User entered '136.3' kg	(b) (4), (b) (6)	29 Jul 2020 15:42:42
DataPoint set to visible.	System	28 Jul 2020 21:22:31

US3002031

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

BMI (xxx.x)

Audit	User	Time (GMT)
Amendment Manager: User entered '45.48851'	System	16 Sep 2020 23:37:38
User entered '45.5'	System	29 Jul 2020 15:42:42
DataPoint set to visible.	System	28 Jul 2020 21:22:31

US3002031

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[BMI units](#)

Audit	User	Time (GMT)
User entered 'kg/m2'	System	29 Jul 2020 15:42:42
DataPoint set to visible.	System	28 Jul 2020 21:22:31

US3002031

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Temperature (xxx.x)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:32:54
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	02 Sep 2020 15:57:00
User entered '37.1' C	(b) (4), (b) (6)	29 Jul 2020 15:42:42

US3002031

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Route of measurement](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:32:54
User entered empty; reason for change Data Entry Error	(b) (4), (b) (6)	02 Sep 2020 15:57:00
User entered 'Oral (Oral)'	(b) (4), (b) (6)	29 Jul 2020 15:42:42

US3002031

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[If Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:32:54
User entered empty.	(b) (4), (b) (6)	29 Jul 2020 15:42:42

US3002031

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:32:54
User closed query 'Per CDM :Thanks for the response, kindly Remove unit for PULSE, RESPIRATORY RATE, SYSTOLIC BP and DIASTOLIC BP. Please update accordingly.' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 10:02:08
Query 'Per CDM :Thanks for the response, kindly Remove unit for PULSE, RESPIRATORY RATE, SYSTOLIC BP and DIASTOLIC BP. Please update accordingly.' answered with 'correct as entered' (Site from DM).	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:57:33
User opened query 'Per CDM :Thanks for the response, kindly Remove unit for PULSE, RESPIRATORY RATE, SYSTOLIC BP and DIASTOLIC BP. Please update accordingly.' (Site from DM).	(b) (4), (b) (6)	28 Oct 2020 07:27:55
Query 'Per CDM: Thanks for the response, kindly Remove units for PULSE, RESPIRATORY RATE, SYS BP and DIA BP as well. Please update accordingly.' canceled (Site from DM).	(b) (4), (b) (6)	28 Oct 2020 07:26:49
User opened query 'Per CDM: Thanks for the response, kindly Remove units for PULSE, RESPIRATORY RATE, SYS BP and DIA BP as well. Please update accordingly.' (Site from DM).	(b) (4), (b) (6)	28 Oct 2020 07:26:18
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	02 Sep 2020 15:57:00
User entered '72'	(b) (4), (b) (6)	29 Jul 2020 15:42:42

US3002031

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	29 Jul 2020 15:42:42

US3002031

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:32:54
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	02 Sep 2020 15:57:00
User entered '14'	(b) (4), (b) (6)	29 Jul 2020 15:42:42

US3002031

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	29 Jul 2020 15:42:42

US3002031

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Systolic Blood Pressure \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:32:54
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	02 Sep 2020 15:57:00
User entered '124'	(b) (4), (b) (6)	29 Jul 2020 15:42:42

US3002031

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	29 Jul 2020 15:42:42

US3002031

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Diastolic Blood Pressure \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:32:54
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	02 Sep 2020 15:57:00
User entered '76'	(b) (4), (b) (6)	29 Jul 2020 15:42:42

US3002031

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	29 Jul 2020 15:42:42

US3002031

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:33:04
User entered 'Yes (Y)'	(b) (4), (b) (6)	29 Jul 2020 15:42:55

US3002031

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:33:04
Query 'The Physical Examination Date is prior to the Screening Visit Date. Please review and reconcile.' canceled (Site from System).	(b) (4), (b) (6)	08 Sep 2020 04:27:57
User opened query 'The Physical Examination Date isSystem prior to the Screening Visit Date. Please review and reconcile.' (Site from System).		02 Sep 2020 12:41:13
Query 'The Physical Examination Date is prior to the Screening Visit Date. Please review and reconcile.' canceled (Site from System).	(b) (4), (b) (6)	26 Aug 2020 00:17:47
User opened query 'The Physical Examination Date isSystem prior to the Screening Visit Date. Please review and reconcile.' (Site from System).		14 Aug 2020 13:02:43
User entered '28 Jul 2020'	(b) (4), (b) (6)	29 Jul 2020 15:42:55

US3002031

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 08:39:22

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:33:17
User entered '28 Jul 2020'	(b) (4), (b) (6)	29 Jul 2020 15:43:18

US3002031

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 08:39:22

[Is the participant of childbearing potential?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:33:17
User entered 'Yes (Y)'	(b) (4), (b) (6)	29 Jul 2020 15:43:18

US3002031

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 08:39:22

[If No, what is the reason?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:33:17
User entered empty.	(b) (4), (b) (6)	29 Jul 2020 15:43:18

US3002031

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 08:39:22

[If Partner medically sterile or Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:33:17
User entered empty.	(b) (4), (b) (6)	29 Jul 2020 15:43:18

US3002031

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 08:39:22

If Surgically sterile, date of surgery (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:33:17
User entered empty.	(b) (4), (b) (6)	29 Jul 2020 15:43:18

US3002031

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 08:39:22

[Date of surgery unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:33:17
User entered '0'	(b) (4), (b) (6)	29 Jul 2020 15:43:18

US3002031

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 08:39:22

If Post-menopausal, date of last menstruation (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:33:17
User entered empty.	(b) (4), (b) (6)	29 Jul 2020 15:43:18

US3002031

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 08:39:22

[Date of last menstruation unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:33:17
User entered '0'	(b) (4), (b) (6)	29 Jul 2020 15:43:18

US3002031

Folder: Screening

Form: Pregnancy Test

Generated On: 26 Nov 2020 08:39:22

[Was the pregnancy test performed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:33:32
User entered 'Yes (Y)'	(b) (4), (b) (6)	29 Jul 2020 15:43:37

US3002031

Folder: Screening

Form: Pregnancy Test

Generated On: 26 Nov 2020 08:39:22

Date of test (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:33:32
User entered '28 Jul 2020'	(b) (4), (b) (6)	29 Jul 2020 15:43:37

US3002031

Folder: Screening

Form: Pregnancy Test

Generated On: 26 Nov 2020 08:39:22

[Test performed](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:33:32
User entered 'Urine (URINE)'	(b) (4), (b) (6)	29 Jul 2020 15:43:37

US3002031

Folder: Screening

Form: Pregnancy Test

Generated On: 26 Nov 2020 08:39:22

[Result](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:33:32
User entered 'Negative (NEGATIVE)'	(b) (4), (b) (6)	29 Jul 2020 15:43:37

US3002031

Folder: Screening

Form: Pregnancy Test

Generated On: 26 Nov 2020 08:39:22

[Was FSH sample collected?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:33:32
User closed query ' Per CDM: As per the CCG Guidelines Page number 26, FSH sample collected: Yes OR No should be recorded, Kindly update accordingly. ' (Site from DM).	(b) (4), (b) (6)	12 Oct 2020 05:34:22
Query ' Per CDM: As per the CCG Guidelines Page number 26, FSH sample collected: Yes OR No should be recorded, Kindly update accordingly. ' answered with 'Updated' (Site from DM).	(b) (4), (b) (6)	09 Oct 2020 17:32:05
User entered 'No (N)' reason for change: Data Entry Error	(b) (4), (b) (6)	09 Oct 2020 17:32:00
User opened query ' Per CDM: As per the CCG Guidelines Page number 26, FSH sample collected: Yes OR No should be recorded, Kindly update accordingly. ' (Site from DM).	(b) (4), (b) (6)	08 Oct 2020 10:10:26
User entered empty.	(b) (4), (b) (6)	29 Jul 2020 15:43:37

US3002031

Folder: Screening

Form: Pregnancy Test

Generated On: 26 Nov 2020 08:39:22

[Collection date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:33:32
User entered empty.	(b) (4), (b) (6)	29 Jul 2020 15:43:37

US3002031

Folder: Screening

Form: Pregnancy Test

Generated On: 26 Nov 2020 08:39:22

[Collection time](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:33:32
User entered empty.	(b) (4), (b) (6)	29 Jul 2020 15:43:37

US3002031

Folder: Screening

Form: Pregnancy Test

Generated On: 26 Nov 2020 08:39:22

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	29 Jul 2020 15:43:37

US3002031

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

Healthcare workers (e.g., doctors, nurses, dentists, hospital support staff, morgue/mortuary workers)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	29 Jul 2020 15:40:39

US3002031

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

Emergency Response (e.g., Law enforcement officers, Firefighters, emergency medical service workers)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	29 Jul 2020 15:40:39

US3002031

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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)'	(b) (4), (b) (6)	29 Jul 2020 15:40:39

US3002031

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

Manufacturing & Production Operations with inherent overcrowding (e.g., factory workers, meat/food processing plants)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	29 Jul 2020 15:40:39

US3002031

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

[Warehouse shipping and fulfillment centers and jobs \(e.g., Amazon facilities\)](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	29 Jul 2020 15:40:39

US3002031

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

Transportation and delivery services (e.g., airlines, public transit, taxi/UBER, fed ex/UPS, postal workers)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	29 Jul 2020 15:40:39

US3002031

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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)'	(b) (4), (b) (6)	29 Jul 2020 15:40:39

US3002031

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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)'	(b) (4), (b) (6)	29 Jul 2020 15:40:39

US3002031

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

Hospitality and Tourism Workers (e.g., hotel, casino, amusement/theme park, entertainment, ski resorts)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	29 Jul 2020 15:40:39

US3002031

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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)'	(b) (4), (b) (6)	29 Jul 2020 15:40:39

US3002031

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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)'	(b) (4), (b) (6)	29 Jul 2020 15:40:39

US3002031

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

Other

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	29 Jul 2020 15:40:39

US3002031

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

[Specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	29 Jul 2020 15:40:39

US3002031

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

No Risk Identified

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	29 Jul 2020 15:40:39

US3002031

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

[Resides in Nursing Home or Assisted Living Facility](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	29 Jul 2020 15:40:39

US3002031

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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'	(b) (4), (b) (6)	29 Jul 2020 15:40:39

US3002031

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

[Resides in high density housing](#) (e.g., high rise apartments with shared entrances or elevators)

Audit	User	Time (GMT)
User entered 'I'	(b) (4), (b) (6)	29 Jul 2020 15:40:39

US3002031

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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'	(b) (4), (b) (6)	29 Jul 2020 15:40:39

US3002031

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

[Resides in a single family home](#) (i.e., detached housing)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	29 Jul 2020 15:40:39

US3002031

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

Other

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	29 Jul 2020 15:40:39

US3002031

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

[Specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	29 Jul 2020 15:40:39

US3002031

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Was this visit performed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:23
User entered 'Yes (Y)'	(b) (4), (b) (6)	29 Jul 2020 15:43:53

US3002031

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Visit date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:23
User entered '28 Jul 2020'	(b) (4), (b) (6)	29 Jul 2020 15:43:53

US3002031

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Was visit performed at the participant's home or at the clinic?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:23
User entered 'Clinic (Clinic)'	(b) (4), (b) (6)	29 Jul 2020 15:43:53

US3002031

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT1'	System	29 Jul 2020 15:43:53

US3002031

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 08:39:22

What was the date of randomization? (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:32
User entered '28 JUL 2020'	RWS_ENDPOINT ENDPOINT (b) (4)	28 Jul 2020 20:54:06

US3002031

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 08:39:22

What was the participant's randomization number?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:32
Amendment Manager: User closed query 'Data entered is non-conformant. Please correct.' (Site from System).	System	21 Aug 2020 01:10:13
Amendment Manager: Data point set to conformant.	System	21 Aug 2020 01:10:13
User opened query 'Data entered is non-conformant. Please correct.' (Site from System).	System	28 Jul 2020 20:54:06
User entered '142147' (non-conformant).	RWS_ENDPOINT ENDPOINT (b) (4)	28 Jul 2020 20:54:06

US3002031

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 08:39:22

[In what Cohort was the participant enrolled?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:32
User entered '>=18 and <65 years and at risk (2)'	RWS_ENDPOINT ENDPOINT (b) (4)	28 Jul 2020 20:54:06

US3002031

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 08:39:22

Chronic lung disease (eg, emphysema and chronic bronchitis, idiopathic pulmonary fibrosis and cystic fibrosis, or moderate to severe asthma)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:32
User entered 'No (N)'	(b) (4), (b) (6)	29 Jul 2020 15:44:16

US3002031

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 08:39:22

Significant cardiac disease (eg, heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:32
User entered 'No (N)'	(b) (4), (b) (6)	29 Jul 2020 15:44:16

US3002031

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 08:39:22

Severe obesity (body mass index > or = 40kg/m2

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:32
User closed query 'Per CDM: Subject is considered at Risk with Severe obesity is recorded Yes". Kindly update the Medical history form appropriately.' (Site from DM).	(b) (4), (b) (6)	04 Nov 2020 09:37:32
Query 'Per CDM: Subject is considered at Risk with Severe obesity is recorded Yes". Kindly update the Medical history form appropriately.' answered with 'Corrected' (Site from DM).	Tiffany Nemecek (b) (4) (b) (4)	03 Nov 2020 03:37:20
User opened query 'Per CDM: Subject is considered at Risk with Severe obesity is recorded Yes". Kindly update the Medical history form appropriately.' (Site from DM).	(b) (4), (b) (6)	28 Oct 2020 12:56:25
User entered 'Yes (Y)'	(b) (4), (b) (6)	29 Jul 2020 15:44:16

US3002031

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 08:39:22

[Diabetes \(Type I, Type 2, or gestational\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:32
User entered 'No (N)'	(b) (4), (b) (6)	29 Jul 2020 15:44:16

US3002031

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 08:39:22

[Liver Disease](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:32
User entered 'No (N)'	(b) (4), (b) (6)	29 Jul 2020 15:44:16

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 08:39:22

Height

Audit	User	Time (GMT)
User closed query 'Per CDM: Subject noted as screened and dosed on same day. However as Per CCG, "ND" should be recorded at Height and Weight. Please update accordingly.' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 09:58:46
Query 'Per CDM: Subject noted as screened and dosed on same day. However as Per CCG, "ND" should be recorded at Height and Weight. Please update accordingly.' answered with 'updated' (Site from DM).	Jessica Satorie (b) (4)	06 Nov 2020 01:58:04
DataPoint Un-verified.	Jessica Satorie (b) (4)	06 Nov 2020 01:58:00
User entered missing code ND - Not Done; reason for change Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:58:00
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User opened query 'Per CDM: Subject noted as screened and dosed on same day. However as Per CCG, "ND" should be recorded at Height and Weight. Please update accordingly.' (Site from DM).	(b) (4), (b) (6)	12 Oct 2020 14:14:00
User entered '173.1' cm	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 08:39:22

[Weight](#)

Audit	User	Time (GMT)
DataPoint Un-verified.	Jessica Satorie (b) (4)	06 Nov 2020 01:58:00
	(b) (4)	
User entered missing code ND - Not Done; reason for change Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:58:00
	(b) (4)	
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User entered '136.3' kg	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 08:39:22

Height

Audit	User	Time (GMT)
User closed query 'Per CDM: Subject noted as screened and dosed on same day. However as Per CCG, "ND" should be recorded at Height and Weight. Please update accordingly.' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 09:58:46
Query 'Per CDM: Subject noted as screened and dosed on same day. However as Per CCG, "ND" should be recorded at Height and Weight. Please update accordingly.' answered with 'updated' (Site from DM).	Jessica Satorie (b) (4)	06 Nov 2020 01:58:04
DataPoint Un-verified.	Jessica Satorie (b) (4)	06 Nov 2020 01:58:00
User entered missing code ND - Not Done; reason for change Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:58:00
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User opened query 'Per CDM: Subject noted as screened and dosed on same day. However as Per CCG, "ND" should be recorded at Height and Weight. Please update accordingly.' (Site from DM).	(b) (4), (b) (6)	12 Oct 2020 14:14:00
User entered '173.1' cm	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 08:39:22

[Weight](#)

Audit	User	Time (GMT)
DataPoint Un-verified.	Jessica Satorie (b) (4)	06 Nov 2020 01:58:00
	(b) (4)	
User entered missing code ND - Not Done; reason for change Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:58:00
	(b) (4)	
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User entered '136.3' kg	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Pre-Dose (PREDOSE)'	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User entered 'Yes (Y)'	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User entered '28 Jul 2020'	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User entered '14:57'	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '28 Jul 2020 14:57'	System	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

Temperature (xxx.x)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User entered '37.1' C	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Route of measurement](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User entered 'Oral (Oral)'	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[If Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User entered empty.	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User entered '72'	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User entered '14'	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User entered '124'	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User entered '76'	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 08:39:22

Height

Audit	User	Time (GMT)
User closed query 'Per CDM: Subject noted as screened and dosed on same day. However as Per CCG, "ND" should be recorded at Height and Weight. Please update accordingly.' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 09:58:46
Query 'Per CDM: Subject noted as screened and dosed on same day. However as Per CCG, "ND" should be recorded at Height and Weight. Please update accordingly.' answered with 'updated' (Site from DM).	Jessica Satorie (b) (4)	06 Nov 2020 01:58:04
DataPoint Un-verified.	Jessica Satorie (b) (4)	06 Nov 2020 01:58:00
User entered missing code ND - Not Done; reason for change Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:58:00
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User opened query 'Per CDM: Subject noted as screened and dosed on same day. However as Per CCG, "ND" should be recorded at Height and Weight. Please update accordingly.' (Site from DM).	(b) (4), (b) (6)	12 Oct 2020 14:14:00
User entered '173.1' cm	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 08:39:22

[Weight](#)

Audit	User	Time (GMT)
DataPoint Un-verified.	Jessica Satorie (b) (4)	06 Nov 2020 01:58:00
	(b) (4)	
User entered missing code ND - Not Done; reason for change Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:58:00
	(b) (4)	
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User entered '136.3' kg	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Post-Dose (POSTDOSE)'	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User entered 'Yes (Y)'	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User entered '28 Jul 2020'	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
Query 'Post-dose vital signs time is prior to or less than 60 minutes after the Dose Time. Please review and reconcile.' canceled (Site from System).	(b) (4), (b) (6)	04 Aug 2020 15:52:49
User opened query 'Post-dose vital signs time is prior System to or less than 60 minutes after the Dose Time. Please review and reconcile.' (Site from System).		29 Jul 2020 15:45:48
User entered '16:38'	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '28 Jul 2020 16:38'	System	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

Temperature (xxx.x)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User entered '37.0' C	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Route of measurement](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User entered 'Oral (Oral)'	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[If Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User entered empty.	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User entered '68'	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User entered '14'	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User entered '132'	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:47
User entered '84'	(b) (4), (b) (6)	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	29 Jul 2020 15:45:48

US3002031

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:54
User entered 'No (N)' reason for change: Data Entry Error	(b) (4), (b) (6)	02 Sep 2020 15:57:22
User entered 'Yes (Y)'	(b) (4), (b) (6)	29 Jul 2020 15:45:58

US3002031

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:10:54
User entered empty; reason for change Data Entry Error	(b) (4), (b) (6)	02 Sep 2020 15:57:22
User entered '28 Jul 2020'	(b) (4), (b) (6)	29 Jul 2020 15:45:58

US3002031

Folder: Visit 1 Day 1

Form: Pregnancy Test

Generated On: 26 Nov 2020 08:39:22

[Was the pregnancy test performed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:11:14
User closed query 'Per CDM: Please consider entering "No" for this field as screening and V1D1 have occurred on the same day.' (Site from DM).	(b) (4), (b) (6)	12 Oct 2020 05:34:31
Query 'Per CDM: Please consider entering "No" for this field as screening and V1D1 have occurred on the same day.' answered with 'Updated' (Site from DM).	(b) (4), (b) (6)	09 Oct 2020 17:33:21
User entered 'No (N)' reason for change: Data Entry Error	(b) (4), (b) (6)	09 Oct 2020 17:33:16
User opened query 'Per CDM: Please consider entering "No" for this field as screening and V1D1 have occurred on the same day.' (Site from DM).	(b) (4), (b) (6)	08 Oct 2020 10:10:00
User entered 'Yes (Y)'	(b) (4), (b) (6)	29 Jul 2020 15:46:07

US3002031

Folder: Visit 1 Day 1

Form: Pregnancy Test

Generated On: 26 Nov 2020 08:39:22

Date of test (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:11:14
User entered empty; reason for change Data Entry Error	(b) (4), (b) (6)	09 Oct 2020 17:33:16
User entered '28 Jul 2020'	(b) (4), (b) (6)	29 Jul 2020 15:46:07

US3002031

Folder: Visit 1 Day 1

Form: Pregnancy Test

Generated On: 26 Nov 2020 08:39:22

[Test performed](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:11:14
User entered empty; reason for change Data Entry Error	(b) (4), (b) (6)	09 Oct 2020 17:33:16
User entered 'Urine (URINE)'	(b) (4), (b) (6)	29 Jul 2020 15:46:07

US3002031

Folder: Visit 1 Day 1

Form: Pregnancy Test

Generated On: 26 Nov 2020 08:39:22

[Result](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:11:14
User entered empty; reason for change Data Entry Error	(b) (4), (b) (6)	09 Oct 2020 17:33:16
User entered 'Negative (NEGATIVE)'	(b) (4), (b) (6)	29 Jul 2020 15:46:07

US3002031

Folder: Visit 1 Day 1

Form: Pregnancy Test

Generated On: 26 Nov 2020 08:39:22

Was FSH sample collected?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:11:14
User closed query ' Per CDM: As per the CCG Guidelines Page number 26, FSH sample collected: Yes OR No should be recorded, Kindly update accordingly. ' (Site from DM).	(b) (4), (b) (6)	12 Oct 2020 05:34:34
Query ' Per CDM: As per the CCG Guidelines Page number 26, FSH sample collected: Yes OR No should be recorded, Kindly update accordingly. ' answered with 'Updated' (Site from DM).	(b) (4), (b) (6)	09 Oct 2020 17:33:25
User entered 'No (N)' reason for change: Data Entry Error	(b) (4), (b) (6)	09 Oct 2020 17:33:16
User opened query ' Per CDM: As per the CCG Guidelines Page number 26, FSH sample collected: Yes OR No should be recorded, Kindly update accordingly. ' (Site from DM).	(b) (4), (b) (6)	08 Oct 2020 10:10:13
User entered empty.	(b) (4), (b) (6)	29 Jul 2020 15:46:07

US3002031

Folder: Visit 1 Day 1

Form: Pregnancy Test

Generated On: 26 Nov 2020 08:39:22

[Collection date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:11:14
User entered empty.	(b) (4), (b) (6)	29 Jul 2020 15:46:07

US3002031

Folder: Visit 1 Day 1

Form: Pregnancy Test

Generated On: 26 Nov 2020 08:39:22

[Collection time](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:11:14
User entered empty.	(b) (4), (b) (6)	29 Jul 2020 15:46:07

US3002031

Folder: Visit 1 Day 1

Form: Pregnancy Test

Generated On: 26 Nov 2020 08:39:22

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	29 Jul 2020 15:46:07

US3002031

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

[Was study treatment given?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:11:36
User entered 'Yes (Y)'	Jessica Satorie (b) (4) (b) (4)	28 Jul 2020 21:23:02

US3002031

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

If No, reason not given

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:11:36
User entered empty.	Jessica Satorie (b) (4) (b) (4)	28 Jul 2020 21:23:02

US3002031

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

If reason is Physician Decision, Withdrawal of Consent by Participant, Protocol Deviation, or Other, specify

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:11:36
User entered empty.	Jessica Satorie (b) (4) (b) (4)	28 Jul 2020 21:23:02

US3002031

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

[What was the study treatment?](#)

Audit	User	Time (GMT)
User entered 'MRNA-1273 OR PLACEBO'	System	28 Jul 2020 21:23:02

US3002031

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:11:36
User entered '28 Jul 2020'	Jessica Satorie (b) (4) (b) (4)	28 Jul 2020 21:23:02

US3002031

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

[What was the treatment time? \(00:00-23:59\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:11:36
User entered '16:07'	Jessica Satorie (b) (4) (b) (4)	28 Jul 2020 21:23:02

US3002031

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

[Treatment Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '28 Jul 2020 16:07'	System	28 Jul 2020 21:23:02

US3002031

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

[Which arm was used to give treatment?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:11:36
User entered 'Left Arm (LEFT ARM)'	Jessica Satorie (b) (4) (b) (4)	28 Jul 2020 21:23:02

US3002031

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

What was the frequency of the study treatment dosing?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:11:36
User entered 'ONCE'	System	28 Jul 2020 21:23:02

US3002031

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

[What was the route of administration for the study treatment?](#)

Audit	User	Time (GMT)
User entered 'INTRAMUSCULAR'	System	28 Jul 2020 21:23:02

US3002031

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

[Was the sample collected?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:11:59
User entered 'Yes (Y)'	(b) (4), (b) (6)	29 Jul 2020 15:46:25

US3002031

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:11:59
User entered '28 Jul 2020'	(b) (4), (b) (6)	29 Jul 2020 15:46:25

US3002031

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

[Collection time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:11:59
User entered '15:41'	(b) (4), (b) (6)	29 Jul 2020 15:46:25

US3002031

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '28 Jul 2020 15:41'	System	29 Jul 2020 15:46:25

US3002031

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 08:39:22

[Collection date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:12:12
User entered '28 Jul 2020'	(b) (4), (b) (6)	29 Jul 2020 15:46:48

US3002031

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 08:39:22

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	(b) (4), (b) (6)	29 Jul 2020 15:46:48

US3002031

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 08:39:22

[Was the sample collected?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:12:12
User entered 'Yes (Y)'	(b) (4), (b) (6)	29 Jul 2020 15:46:48

US3002031

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 08:39:22

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:12:12
User entered '15:36'	(b) (4), (b) (6)	29 Jul 2020 15:46:48

US3002031

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 08:39:22

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '28 Jul 2020 15:36'	System	29 Jul 2020 15:46:48

US3002031

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 08:39:22

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	(b) (4), (b) (6)	29 Jul 2020 15:46:48

US3002031

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 08:39:22

[Was the sample collected?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:12:12
User entered 'No (N)'	(b) (4), (b) (6)	29 Jul 2020 15:46:48

US3002031

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 08:39:22

[Collection time \(00:00 - 23:59\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:12:12
User entered empty.	(b) (4), (b) (6)	29 Jul 2020 15:46:48

US3002031

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 08:39:22

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	29 Jul 2020 15:46:48

US3002031

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 21:12:21
User entered 'Yes (Y)'	(b) (4), (b) (6)	29 Jul 2020 15:46:55

US3002031

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	29 Jul 2020 15:46:55

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T16:41:51', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '6355a46a-1867-4820-be58-a18fabbad961'	System	28 Jul 2020 21:42:07
User entered 'Yes (Y)'	System	28 Jul 2020 21:42:07

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T16:41:56', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '6355a46a-1867-4820-be58-a18fabbad961'	System	28 Jul 2020 21:42:07
User entered '98.6'	System	28 Jul 2020 21:42:07

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T16:42:01', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '6355a46a-1867-4820-be58-a18fabbad961'	System	28 Jul 2020 21:42:07
User entered 'No (N)'	System	28 Jul 2020 21:42:07

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T16:42:05', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '6355a46a-1867-4820-be58-a18fabbad961' User entered '28 Jul 2020 16:42'	System	28 Jul 2020 21:42:07
	System	28 Jul 2020 21:42:07

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Jul 2020 16:27'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Jul 2020 18:57'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 1, after vaccination (at home)'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T19:54:03', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'f38c7226-8a0b-46f2-85f9-06a6d95434b5'	System	29 Jul 2020 00:54:18
User entered 'Yes (Y)'	System	29 Jul 2020 00:54:18

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

Please record your **TEMPERATURE in °F**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T19:54:08', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'f38c7226-8a0b-46f2-85f9-06a6d95434b5'	System	29 Jul 2020 00:54:18
User entered '98.7'	System	29 Jul 2020 00:54:18

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T19:54:13', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'f38c7226-8a0b-46f2-85f9-06a6d95434b5'	System	29 Jul 2020 00:54:18
User entered 'No (N)'	System	29 Jul 2020 00:54:18

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T19:54:16', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'f38c7226-8a0b-46f2-85f9-06a6d95434b5'	System	29 Jul 2020 00:54:18
User entered '28 Jul 2020 19:54'	System	29 Jul 2020 00:54:18

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Jul 2020 19:52'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Jul 2020 11:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 2'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 08:39:22

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-29T12:03:19', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '7d53692e-268b-4526-831a-9858a197174c'	System	29 Jul 2020 17:03:44
User entered 'Yes (Y)'	System	29 Jul 2020 17:03:44

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 08:39:22

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-29T12:03:24', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '7d53692e-268b-4526-831a-9858a197174c'	System	29 Jul 2020 17:03:44
User entered '96.7'	System	29 Jul 2020 17:03:44

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-29T12:03:29', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '7d53692e-268b-4526-831a-9858a197174c'	System	29 Jul 2020 17:03:44
User entered 'Yes (Y)'	System	29 Jul 2020 17:03:44

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 08:39:22

To **TREAT** pain or fever that has already occurred

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System).	(b) (4), (b) (6)	01 Oct 2020 05:06:02
Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'Corrected' (Site from System).	Tiffany Nemecek (b) (4)	30 Sep 2020 19:27:49
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System).	System	29 Jul 2020 17:03:44
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-29T12:03:37', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '7d53692e-268b-4526-831a-9858a197174c'	System	29 Jul 2020 17:03:44
User entered '1'	System	29 Jul 2020 17:03:44

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 08:39:22

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-29T12:03:37', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '7d53692e-268b-4526-831a-9858a197174c'	System	29 Jul 2020 17:03:44
User entered '0'	System	29 Jul 2020 17:03:44

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-29T12:03:41', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '7d53692e-268b-4526-831a-9858a197174c'	System	29 Jul 2020 17:03:44
User entered '29 Jul 2020 12:03'	System	29 Jul 2020 17:03:44

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Jul 2020 12:00'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Jul 2020 11:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 3'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 08:39:22

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-30T14:11:32', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '82898fa9-3f5b-49a3-9716-420d08d88bd4'	System	30 Jul 2020 19:12:26
User entered 'Yes (Y)'	System	30 Jul 2020 19:12:26

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 08:39:22

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-30T14:11:41', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '82898fa9-3f5b-49a3-9716-420d08d88bd4'	System	30 Jul 2020 19:12:26
User entered '98.0'	System	30 Jul 2020 19:12:26

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-30T14:11:45', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '82898fa9-3f5b-49a3-9716-420d08d88bd4'	System	30 Jul 2020 19:12:26
User entered 'Yes (Y)'	System	30 Jul 2020 19:12:26

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 08:39:22

To **TREAT** pain or fever that has already occurred

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'Corrected' (Site from System).	(b) (4), (b) (6)	01 Oct 2020 05:06:09
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-30T14:12:20', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '82898fa9-3f5b-49a3-9716-420d08d88bd4' User entered '1'	Tiffany Nemecek (b) (4)	30 Sep 2020 19:28:07
	System	30 Jul 2020 19:12:26
	System	30 Jul 2020 19:12:26
	System	30 Jul 2020 19:12:26

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 08:39:22

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-30T14:12:20', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '82898fa9-3f5b-49a3-9716-420d08d88bd4' User entered '0'	System	30 Jul 2020 19:12:26

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-30T14:12:23', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '82898fa9-3f5b-49a3-9716-420d08d88bd4'	System	30 Jul 2020 19:12:26
User entered '30 Jul 2020 14:12'	System	30 Jul 2020 19:12:26

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Jul 2020 12:00'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '31 Jul 2020 11:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 4'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 08:39:22

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-31T17:17:52', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '8428d0e6-badb-452a-ac23-ceeb8e3ca0dc'	System	31 Jul 2020 22:18:24
User entered 'Yes (Y)'	System	31 Jul 2020 22:18:24

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 08:39:22

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-31T17:18:06', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '8428d0e6-badb-452a-ac23-ceeb8e3ca0dc' User entered '97.3'	System	31 Jul 2020 22:18:24
	System	31 Jul 2020 22:18:24

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-31T17:18:15', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '8428d0e6-badb-452a-ac23-ceeb8e3ca0dc'	System	31 Jul 2020 22:18:24
User entered 'Yes (Y)'	System	31 Jul 2020 22:18:24

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 08:39:22

To **TREAT** pain or fever that has already occurred

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System).	(b) (4), (b) (6)	01 Oct 2020 05:06:14
Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'Corrected' (Site from System).	Tiffany Nemecek (b) (4)	30 Sep 2020 19:38:04
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System).	System	31 Jul 2020 22:18:24
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-31T17:18:19', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '8428d0e6-badb-452a-ac23-ceedb8e3ca0dc'	System	31 Jul 2020 22:18:24
User entered '1'	System	31 Jul 2020 22:18:24

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 08:39:22

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-31T17:18:19', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '8428d0e6-badb-452a-ac23-ceeb8e3ca0dc' User entered '0'	System	31 Jul 2020 22:18:24
	System	31 Jul 2020 22:18:24

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-31T17:18:22', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '8428d0e6-badb-452a-ac23-ceeb8e3ca0dc' User entered '31 Jul 2020 17:18'	System	31 Jul 2020 22:18:24
	System	31 Jul 2020 22:18:24

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '31 Jul 2020 12:00'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '01 Aug 2020 11:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 5'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 08:39:22

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-01T13:52:08', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '7ec7d204-6d5d-4079-bb8e-8888ef7c3ca1'	System	01 Aug 2020 18:52:23
User entered 'Yes (Y)'	System	01 Aug 2020 18:52:23

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 08:39:22

Please record your **TEMPERATURE in °F**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-01T13:52:13', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '7ec7d204-6d5d-4079-bb8e-8888ef7c3ca1'	System	01 Aug 2020 18:52:23
User entered '97.6'	System	01 Aug 2020 18:52:23

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-01T13:52:19', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '7ec7d204-6d5d-4079-bb8e-8888ef7c3ca1'	System	01 Aug 2020 18:52:23
User entered 'No (N)'	System	01 Aug 2020 18:52:23

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-01T13:52:22', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '7ec7d204-6d5d-4079-bb8e-8888ef7c3ca1'	System	01 Aug 2020 18:52:23
User entered '01 Aug 2020 13:52'	System	01 Aug 2020 18:52:23

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '01 Aug 2020 12:00'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '02 Aug 2020 11:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 6'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 08:39:22

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-02T19:51:29', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '1dab97fb-9bcf-4579-8f38-cf22f45f5dd1'	System	03 Aug 2020 00:52:30
User entered 'Yes (Y)'	System	03 Aug 2020 00:52:30

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 08:39:22

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-02T19:51:44', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '1dab97fb-9bcf-4579-8f38-cf22f45f5dd1'	System	03 Aug 2020 00:52:30
User entered '98.6'	System	03 Aug 2020 00:52:30

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-02T19:52:20', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '1dab97fb-9bcf-4579-8f38-cf22f45f5dd1'	System	03 Aug 2020 00:52:30
User entered 'Yes (Y)'	System	03 Aug 2020 00:52:30

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 08:39:22

To **TREAT** pain or fever that has already occurred

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'Corrected' (Site from System).	(b) (4), (b) (6)	01 Oct 2020 05:06:23
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-02T19:52:25', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '1dab97fb-9bcf-4579-8f38-cf22f45f5dd1'	Tiffany Nemecek (b) (4)	30 Sep 2020 19:38:19
User entered '1'	System	03 Aug 2020 00:52:30
	System	03 Aug 2020 00:52:30
	System	03 Aug 2020 00:52:30

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 08:39:22

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-02T19:52:25', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '1dab97fb-9bcf-4579-8f38-cf22f45f5dd1'	System	03 Aug 2020 00:52:30
User entered '0'	System	03 Aug 2020 00:52:30

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-02T19:52:28', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '1dab97fb-9bcf-4579-8f38-cf22f45f5dd1'	System	03 Aug 2020 00:52:30
User entered '02 Aug 2020 19:52'	System	03 Aug 2020 00:52:30

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '02 Aug 2020 12:00'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '03 Aug 2020 11:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 7'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 08:39:22

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-03T17:04:39', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'adc883df-e945-40ea-86dd-1e93b03002f7'	System	03 Aug 2020 22:05:08
User entered 'Yes (Y)'	System	03 Aug 2020 22:05:08

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 08:39:22

Please record your **TEMPERATURE in °F**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-03T17:04:43', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'adc883df-e945-40ea-86dd-1e93b03002f7'	System	03 Aug 2020 22:05:08
User entered '98.6'	System	03 Aug 2020 22:05:08

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-03T17:04:46', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'adc883df-e945-40ea-86dd-1e93b03002f7'	System	03 Aug 2020 22:05:08
User entered 'Yes (Y)'	System	03 Aug 2020 22:05:08

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 08:39:22

To **TREAT** pain or fever that has already occurred

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'Corrected' (Site from System).	(b) (4), (b) (6)	01 Oct 2020 05:06:28
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-03T17:04:48', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'adc883df-e945-40ea-86dd-1e93b03002f7' User entered '1'	Tiffany Nemecek (b) (4)	30 Sep 2020 19:38:35
	System	03 Aug 2020 22:05:08
	System	03 Aug 2020 22:05:08
	System	03 Aug 2020 22:05:08

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 08:39:22

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-03T17:04:48', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'adc883df-e945-40ea-86dd-1e93b03002f7'	System	03 Aug 2020 22:05:08
User entered '0'	System	03 Aug 2020 22:05:08

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-03T17:05:06', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'adc883df-e945-40ea-86dd-1e93b03002f7'	System	03 Aug 2020 22:05:08
User entered '03 Aug 2020 17:05'	System	03 Aug 2020 22:05:08

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '03 Aug 2020 12:00'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 11:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(8)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	03 Aug 2020 00:52:30
User entered 'Day 8'	System	03 Aug 2020 00:52:30

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(8)

Generated On: 26 Nov 2020 08:39:22

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T10:40:16', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '0ccbff1f-449a-4a46-8254-0c99fe1f96e2'	System	05 Aug 2020 15:41:25
User entered 'Yes (Y)'	System	05 Aug 2020 15:41:25

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(8)

Generated On: 26 Nov 2020 08:39:22

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T10:40:50', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '0ccbff1f-449a-4a46-8254-0c99fe1f96e2'	System	05 Aug 2020 15:41:25
User entered '96.7'	System	05 Aug 2020 15:41:25

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(8)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T10:41:12', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '0ccbff1f-449a-4a46-8254-0c99fe1f96e2'	System	05 Aug 2020 15:41:25
User entered 'Yes (Y)'	System	05 Aug 2020 15:41:25

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(8)

Generated On: 26 Nov 2020 08:39:22

To **TREAT** pain or fever that has already occurred

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System).	(b) (4), (b) (6)	01 Oct 2020 05:06:34
Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'Corrected' (Site from System).	Tiffany Nemecek (b) (4)	30 Sep 2020 19:40:19
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System).	System	05 Aug 2020 15:41:25
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T10:41:14', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '0ccbff1f-449a-4a46-8254-0c99fe1f96e2'	System	05 Aug 2020 15:41:25
User entered '1'	System	05 Aug 2020 15:41:25

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(8)

Generated On: 26 Nov 2020 08:39:22

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T10:41:14', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '0ccbff1f-449a-4a46-8254-0c99fe1f96e2'	System	05 Aug 2020 15:41:25
User entered '0'	System	05 Aug 2020 15:41:25

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(8)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T10:41:22', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '0ccbff1f-449a-4a46-8254-0c99fe1f96e2'	System	05 Aug 2020 15:41:25
User entered '05 Aug 2020 10:41'	System	05 Aug 2020 15:41:25

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(8)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 12:00'	System	03 Aug 2020 00:52:30

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(8)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 11:59'	System	03 Aug 2020 00:52:30

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(9)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	03 Aug 2020 22:05:08
User entered 'Day 9'	System	03 Aug 2020 22:05:08

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(9)

Generated On: 26 Nov 2020 08:39:22

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T13:41:58', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'e8158df9-b414-4e20-957e-adcc3c83150f'	System	05 Aug 2020 18:42:29
User entered 'Yes (Y)'	System	05 Aug 2020 18:42:29

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(9)

Generated On: 26 Nov 2020 08:39:22

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T13:42:05', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'e8158df9-b414-4e20-957e-adcc3c83150f'	System	05 Aug 2020 18:42:29
User entered '98.6'	System	05 Aug 2020 18:42:29

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(9)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T13:42:18', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'e8158df9-b414-4e20-957e-adcc3c83150f'	System	05 Aug 2020 18:42:29
User entered 'Yes (Y)'	System	05 Aug 2020 18:42:29

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(9)

Generated On: 26 Nov 2020 08:39:22

To **TREAT** pain or fever that has already occurred

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'Corrected' (Site from System).	(b) (4), (b) (6)	01 Oct 2020 05:06:39
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T13:42:23', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'e8158df9-b414-4e20-957e-adcc3c83150f' User entered '1'	Tiffany Nemecek (b) (4)	30 Sep 2020 19:40:40
	System	05 Aug 2020 18:42:29
	System	05 Aug 2020 18:42:29
	System	05 Aug 2020 18:42:29

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(9)

Generated On: 26 Nov 2020 08:39:22

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T13:42:23', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'e8158df9-b414-4e20-957e-adcc3c83150f'	System	05 Aug 2020 18:42:29
User entered '0'	System	05 Aug 2020 18:42:29

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(9)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T13:42:25', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'e8158df9-b414-4e20-957e-adcc3c83150f'	System	05 Aug 2020 18:42:29
User entered '05 Aug 2020 13:42'	System	05 Aug 2020 18:42:29

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(9)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 12:00'	System	03 Aug 2020 22:05:08

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(9)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Aug 2020 11:59'	System	03 Aug 2020 22:05:08

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(10)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	05 Aug 2020 15:41:25
User entered 'Day 10'	System	05 Aug 2020 15:41:25

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(10)

Generated On: 26 Nov 2020 08:39:22

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-06T20:04:11', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '28ae91de-49ec-49f2-b4e8-f7c10fce1953'	System	07 Aug 2020 01:04:29
User entered 'Yes (Y)'	System	07 Aug 2020 01:04:29

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(10)

Generated On: 26 Nov 2020 08:39:22

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-06T20:04:16', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '28ae91de-49ec-49f2-b4e8-f7c10fce1953'	System	07 Aug 2020 01:04:29
User entered '98.0'	System	07 Aug 2020 01:04:29

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(10)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-06T20:04:23', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '28ae91de-49ec-49f2-b4e8-f7c10fce1953'	System	07 Aug 2020 01:04:29
User entered 'Yes (Y)'	System	07 Aug 2020 01:04:29

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(10)

Generated On: 26 Nov 2020 08:39:22

To **TREAT** pain or fever that has already occurred

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'Corrected' (Site from System).	(b) (4), (b) (6)	01 Oct 2020 05:06:45
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-06T20:04:25', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '28ae91de-49ec-49f2-b4e8-f7c10fce1953'	Tiffany Nemecek (b) (4)	30 Sep 2020 19:41:11
User entered '1'	System	07 Aug 2020 01:04:29
	System	07 Aug 2020 01:04:29
	System	07 Aug 2020 01:04:29

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(10)

Generated On: 26 Nov 2020 08:39:22

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-06T20:04:25', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '28ae91de-49ec-49f2-b4e8-f7c10fce1953'	System	07 Aug 2020 01:04:29
User entered '0'	System	07 Aug 2020 01:04:29

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(10)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-06T20:04:28', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '28ae91de-49ec-49f2-b4e8-f7c10fce1953'	System	07 Aug 2020 01:04:29
User entered '06 Aug 2020 20:04'	System	07 Aug 2020 01:04:29

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(10)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Aug 2020 12:00'	System	05 Aug 2020 15:41:25

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(10)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Aug 2020 11:59'	System	05 Aug 2020 15:41:25

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(11)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	05 Aug 2020 18:42:29
User entered 'Day 11'	System	05 Aug 2020 18:42:29

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(11)

Generated On: 26 Nov 2020 08:39:22

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-07T12:37:13', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '35fd1508-b2e1-4549-814b-443137bcba3a'	System	07 Aug 2020 17:37:30
User entered 'Yes (Y)'	System	07 Aug 2020 17:37:30

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(11)

Generated On: 26 Nov 2020 08:39:22

Please record your **TEMPERATURE in °F**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-07T12:37:20', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '35fd1508-b2e1-4549-814b-443137bcba3a'	System	07 Aug 2020 17:37:30
User entered '97.6'	System	07 Aug 2020 17:37:30

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(11)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-07T12:37:24', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '35fd1508-b2e1-4549-814b-443137bcba3a'	System	07 Aug 2020 17:37:30
User entered 'No (N)'	System	07 Aug 2020 17:37:30

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(11)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-07T12:37:27', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '35fd1508-b2e1-4549-814b-443137bcba3a'	System	07 Aug 2020 17:37:30
User entered '07 Aug 2020 12:37'	System	07 Aug 2020 17:37:30

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(11)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Aug 2020 12:00'	System	05 Aug 2020 18:42:29

US3002031

Folder: Diary Dose 1 (1)

Form: Temperature_Day(11)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Aug 2020 11:59'	System	05 Aug 2020 18:42:29

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T16:42:18', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '29aa9506-2fbb-451e-bae7-d2a4634f43e0'	System	28 Jul 2020 21:42:49
User entered 'None (1)'	System	28 Jul 2020 21:42:49

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T16:42:26', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '29aa9506-2fbb-451e-bae7-d2a4634f43e0'	System	28 Jul 2020 21:42:49
User entered 'No (N)'	System	28 Jul 2020 21:42:49

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T16:42:35', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '29aa9506-2fbb-451e-bae7-d2a4634f43e0'	System	28 Jul 2020 21:42:49
User entered 'No (N)'	System	28 Jul 2020 21:42:49

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T16:42:42', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '29aa9506-2fbb-451e-bae7-d2a4634f43e0'	System	28 Jul 2020 21:42:49
User entered 'Does not interfere with activity (2)'	System	28 Jul 2020 21:42:49

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T16:42:45', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '29aa9506-2fbb-451e-bae7-d2a4634f43e0' User entered '28 Jul 2020 16:42'	System	28 Jul 2020 21:42:49
	System	28 Jul 2020 21:42:49

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Jul 2020 16:27'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Jul 2020 18:57'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 1, after vaccination (at home)'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

[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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T19:54:22', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '744031d1-d81d-4d63-8ac7-29928cd1b62c'	System	29 Jul 2020 00:55:17
User entered 'None (1)'	System	29 Jul 2020 00:55:17

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T19:54:45', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '744031d1-d81d-4d63-8ac7-29928cd1b62c'	System	29 Jul 2020 00:55:17
User entered 'No (N)'	System	29 Jul 2020 00:55:17

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T19:54:49', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '744031d1-d81d-4d63-8ac7-29928cd1b62c'	System	29 Jul 2020 00:55:17
User entered 'No (N)'	System	29 Jul 2020 00:55:17

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T19:55:09', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '744031d1-d81d-4d63-8ac7-29928cd1b62c'	System	29 Jul 2020 00:55:17
User entered 'None (1)'	System	29 Jul 2020 00:55:17

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T19:55:15', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '744031d1-d81d-4d63-8ac7-29928cd1b62c'	System	29 Jul 2020 00:55:17
User entered '28 Jul 2020 19:55'	System	29 Jul 2020 00:55:17

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Jul 2020 19:52'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Jul 2020 11:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 2'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 08:39:22

[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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-29T12:03:49', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'accb3541-721b-4518-b0d5-c46266eb240b'	System	29 Jul 2020 17:04:17
User entered 'None (1)'	System	29 Jul 2020 17:04:17

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-29T12:03:55', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'accb3541-721b-4518-b0d5-c46266eb240b'	System	29 Jul 2020 17:04:17
User entered 'No (N)'	System	29 Jul 2020 17:04:17

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-29T12:04:04', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'accb3541-721b-4518-b0d5-c46266eb240b'	System	29 Jul 2020 17:04:17
User entered 'No (N)'	System	29 Jul 2020 17:04:17

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-29T12:04:11', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'accb3541-721b-4518-b0d5-c46266eb240b'	System	29 Jul 2020 17:04:17
User entered 'None (1)'	System	29 Jul 2020 17:04:17

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-29T12:04:13', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'accb3541-721b-4518-b0d5-c46266eb240b'	System	29 Jul 2020 17:04:17
User entered '29 Jul 2020 12:04'	System	29 Jul 2020 17:04:17

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Jul 2020 12:00'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Jul 2020 11:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 3'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-30T14:12:26', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a44646c4-a2ed-4354-a373-6bcdaa610491'	System	30 Jul 2020 19:12:57
User entered 'None (1)'	System	30 Jul 2020 19:12:57

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-30T14:12:40', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a44646c4-a2ed-4354-a373-6bcdaa610491'	System	30 Jul 2020 19:12:57
User entered 'No (N)'	System	30 Jul 2020 19:12:57

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-30T14:12:44', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a44646c4-a2ed-4354-a373-6bcdaa610491'	System	30 Jul 2020 19:12:57
User entered 'No (N)'	System	30 Jul 2020 19:12:57

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-30T14:12:46', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a44646c4-a2ed-4354-a373-6bcdaa610491'	System	30 Jul 2020 19:12:57
User entered 'None (1)'	System	30 Jul 2020 19:12:57

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-30T14:12:48', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a44646c4-a2ed-4354-a373-6bcdaa610491' User entered '30 Jul 2020 14:12'	System	30 Jul 2020 19:12:57

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Jul 2020 12:00'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '31 Jul 2020 11:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 4'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-31T17:18:52', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '106b393c-6c56-4e2c-b8ff-171cb9095622'	System	31 Jul 2020 22:19:40
User entered 'None (1)'	System	31 Jul 2020 22:19:40

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-31T17:19:00', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '106b393c-6c56-4e2c-b8ff-171cb9095622'	System	31 Jul 2020 22:19:40
User entered 'No (N)'	System	31 Jul 2020 22:19:40

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-31T17:19:04', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '106b393c-6c56-4e2c-b8ff-171cb9095622'	System	31 Jul 2020 22:19:40
User entered 'No (N)'	System	31 Jul 2020 22:19:40

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-31T17:19:14', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '106b393c-6c56-4e2c-b8ff-171cb9095622'	System	31 Jul 2020 22:19:40
User entered 'None (1)'	System	31 Jul 2020 22:19:40

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-31T17:19:37', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '106b393c-6c56-4e2c-b8ff-171cb9095622'	System	31 Jul 2020 22:19:40
User entered '31 Jul 2020 17:19'	System	31 Jul 2020 22:19:40

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '31 Jul 2020 12:00'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '01 Aug 2020 11:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 5'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 08:39:22

[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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-01T13:52:28', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '4a832116-1d6d-48ba-b1ed-db5c378cc4a6'	System	01 Aug 2020 18:52:43
User entered 'None (1)'	System	01 Aug 2020 18:52:43

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-01T13:52:32', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '4a832116-1d6d-48ba-b1ed-db5c378cc4a6'	System	01 Aug 2020 18:52:43
User entered 'No (N)'	System	01 Aug 2020 18:52:43

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-01T13:52:34', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '4a832116-1d6d-48ba-b1ed-db5c378cc4a6'	System	01 Aug 2020 18:52:43
User entered 'No (N)'	System	01 Aug 2020 18:52:43

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-01T13:52:39', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '4a832116-1d6d-48ba-b1ed-db5c378cc4a6'	System	01 Aug 2020 18:52:43
User entered 'None (1)'	System	01 Aug 2020 18:52:43

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-01T13:52:40', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '4a832116-1d6d-48ba-b1ed-db5c378cc4a6'	System	01 Aug 2020 18:52:43
User entered '01 Aug 2020 13:52'	System	01 Aug 2020 18:52:43

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '01 Aug 2020 12:00'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '02 Aug 2020 11:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 6'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 08:39:22

[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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-02T19:52:57', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '744f540f-0e51-4458-9588-045db977b577'	System	03 Aug 2020 00:54:05
User entered 'None (1)'	System	03 Aug 2020 00:54:05

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-02T19:53:00', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '744f540f-0e51-4458-9588-045db977b577'	System	03 Aug 2020 00:54:05
User entered 'No (N)'	System	03 Aug 2020 00:54:05

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-02T19:53:46', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '744f540f-0e51-4458-9588-045db977b577'	System	03 Aug 2020 00:54:05
User entered 'No (N)'	System	03 Aug 2020 00:54:05

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-02T19:53:59', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '744f540f-0e51-4458-9588-045db977b577'	System	03 Aug 2020 00:54:05
User entered 'None (1)'	System	03 Aug 2020 00:54:05

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-02T19:54:02', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '744f540f-0e51-4458-9588-045db977b577'	System	03 Aug 2020 00:54:05
User entered '02 Aug 2020 19:54'	System	03 Aug 2020 00:54:05

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '02 Aug 2020 12:00'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '03 Aug 2020 11:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 7'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 08:39:22

[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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-03T17:05:14', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '29b30b1b-7004-41c0-8622-ea2568e5ab52'	System	03 Aug 2020 22:05:51
User entered 'None (1)'	System	03 Aug 2020 22:05:51

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-03T17:05:38', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '29b30b1b-7004-41c0-8622-ea2568e5ab52'	System	03 Aug 2020 22:05:51
User entered 'No (N)'	System	03 Aug 2020 22:05:51

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-03T17:05:42', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '29b30b1b-7004-41c0-8622-ea2568e5ab52'	System	03 Aug 2020 22:05:51
User entered 'No (N)'	System	03 Aug 2020 22:05:51

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-03T17:05:45', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '29b30b1b-7004-41c0-8622-ea2568e5ab52'	System	03 Aug 2020 22:05:51
User entered 'None (1)'	System	03 Aug 2020 22:05:51

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-03T17:05:47', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '29b30b1b-7004-41c0-8622-ea2568e5ab52'	System	03 Aug 2020 22:05:51
User entered '03 Aug 2020 17:05'	System	03 Aug 2020 22:05:51

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '03 Aug 2020 12:00'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 11:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T16:42:53', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a94932c5-ea73-47e0-a985-41ff7d09e627'	System	28 Jul 2020 21:44:22
User entered 'None (0)'	System	28 Jul 2020 21:44:22

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T16:42:57', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a94932c5-ea73-47e0-a985-41ff7d09e627'	System	28 Jul 2020 21:44:22
User entered 'No interference with activity (1)'	System	28 Jul 2020 21:44:22

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T16:43:03', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a94932c5-ea73-47e0-a985-41ff7d09e627'	System	28 Jul 2020 21:44:22
User entered 'None (0)'	System	28 Jul 2020 21:44:22

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T16:43:08', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a94932c5-ea73-47e0-a985-41ff7d09e627'	System	28 Jul 2020 21:44:22
User entered 'None (0)'	System	28 Jul 2020 21:44:22

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T16:44:08', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a94932c5-ea73-47e0-a985-41ff7d09e627'	System	28 Jul 2020 21:44:22
User entered 'No interference with activity or 1-2 episodes/24 hours (1)'	System	28 Jul 2020 21:44:22

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T16:43:21', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a94932c5-ea73-47e0-a985-41ff7d09e627'	System	28 Jul 2020 21:44:22
User entered 'None (0)'	System	28 Jul 2020 21:44:22

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T16:43:47', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a94932c5-ea73-47e0-a985-41ff7d09e627'	System	28 Jul 2020 21:44:22
User entered 'No (N)'	System	28 Jul 2020 21:44:22

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T16:44:18', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a94932c5-ea73-47e0-a985-41ff7d09e627'	System	28 Jul 2020 21:44:22
User entered '28 Jul 2020 16:44'	System	28 Jul 2020 21:44:22

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Jul 2020 16:27'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Jul 2020 18:57'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 1, after vaccination (at home)'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T19:55:19', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '817bd370-e4e9-47ab-908f-4df8cc2858c3'	System	29 Jul 2020 00:55:43
User entered 'None (0)'	System	29 Jul 2020 00:55:43

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T19:55:23', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '817bd370-e4e9-47ab-908f-4df8cc2858c3'	System	29 Jul 2020 00:55:43
User entered 'None (0)'	System	29 Jul 2020 00:55:43

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T19:55:26', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '817bd370-e4e9-47ab-908f-4df8cc2858c3'	System	29 Jul 2020 00:55:43
User entered 'None (0)'	System	29 Jul 2020 00:55:43

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T19:55:28', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '817bd370-e4e9-47ab-908f-4df8cc2858c3'	System	29 Jul 2020 00:55:43
User entered 'None (0)'	System	29 Jul 2020 00:55:43

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T19:55:31', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '817bd370-e4e9-47ab-908f-4df8cc2858c3'	System	29 Jul 2020 00:55:43
User entered 'No interference with activity or 1-2 episodes/24 hours (1)'	System	29 Jul 2020 00:55:43

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T19:55:33', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '817bd370-e4e9-47ab-908f-4df8cc2858c3'	System	29 Jul 2020 00:55:43
User entered 'None (0)'	System	29 Jul 2020 00:55:43

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T19:55:37', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '817bd370-e4e9-47ab-908f-4df8cc2858c3'	System	29 Jul 2020 00:55:43
User entered 'No (N)'	System	29 Jul 2020 00:55:43

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-28T19:55:39', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '817bd370-e4e9-47ab-908f-4df8cc2858c3'	System	29 Jul 2020 00:55:43
User entered '28 Jul 2020 19:55'	System	29 Jul 2020 00:55:43

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Jul 2020 19:52'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Jul 2020 11:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 2'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-29T12:04:31', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'd78933cf-efbf-4938-895a-2bddbfeca4ed'	System	29 Jul 2020 17:05:21
User entered 'No interference with activity (1)'	System	29 Jul 2020 17:05:21

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-29T12:04:40', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'd78933cf-efbf-4938-895a-2bddbfeca4ed'	System	29 Jul 2020 17:05:21
User entered 'None (0)'	System	29 Jul 2020 17:05:21

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-29T12:04:45', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'd78933cf-efbf-4938-895a-2bddbfeca4ed'	System	29 Jul 2020 17:05:21
User entered 'Some interference with activity (2)'	System	29 Jul 2020 17:05:21

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-29T12:04:50', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'd78933cf-efbf-4938-895a-2bddbfeca4ed'	System	29 Jul 2020 17:05:21
User entered 'None (0)'	System	29 Jul 2020 17:05:21

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-29T12:05:05', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'd78933cf-efbf-4938-895a-2bddbfeca4ed'	System	29 Jul 2020 17:05:21
User entered 'None (0)'	System	29 Jul 2020 17:05:21

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-29T12:05:11', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'd78933cf-efbf-4938-895a-2bddbfeca4ed'	System	29 Jul 2020 17:05:21
User entered 'No interference with activity (1)'	System	29 Jul 2020 17:05:21

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-29T12:05:16', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'd78933cf-efbf-4938-895a-2bddbfeca4ed'	System	29 Jul 2020 17:05:21
User entered 'No (N)'	System	29 Jul 2020 17:05:21

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-29T12:05:18', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'd78933cf-efbf-4938-895a-2bddbfeca4ed'	System	29 Jul 2020 17:05:21
User entered '29 Jul 2020 12:05'	System	29 Jul 2020 17:05:21

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Jul 2020 12:00'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Jul 2020 11:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 3'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-30T14:13:01', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '2c9b9b7d-365c-4ba4-88af-fa4a75421f53'	System	30 Jul 2020 19:13:26
User entered 'Repeated use of over-the-counter pain reliever > 24 hours or some interference with activity (2)'	System	30 Jul 2020 19:13:26

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-30T14:13:04', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '2c9b9b7d-365c-4ba4-88af-fa4a75421f53'	System	30 Jul 2020 19:13:26
User entered 'No interference with activity (1)'	System	30 Jul 2020 19:13:26

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-30T14:13:08', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '2c9b9b7d-365c-4ba4-88af-fa4a75421f53'	System	30 Jul 2020 19:13:26
User entered 'Some interference with activity (2)'	System	30 Jul 2020 19:13:26

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-30T14:13:11', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '2c9b9b7d-365c-4ba4-88af-fa4a75421f53'	System	30 Jul 2020 19:13:26
User entered 'None (0)'	System	30 Jul 2020 19:13:26

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-30T14:13:18', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '2c9b9b7d-365c-4ba4-88af-fa4a75421f53'	System	30 Jul 2020 19:13:26
User entered 'No interference with activity or 1-2 episodes/24 hours (1)'	System	30 Jul 2020 19:13:26

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-30T14:13:19', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '2c9b9b7d-365c-4ba4-88af-fa4a75421f53'	System	30 Jul 2020 19:13:26
User entered 'None (0)'	System	30 Jul 2020 19:13:26

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-30T14:13:22', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '2c9b9b7d-365c-4ba4-88af-fa4a75421f53'	System	30 Jul 2020 19:13:26
User entered 'No (N)'	System	30 Jul 2020 19:13:26

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-30T14:13:24', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '2c9b9b7d-365c-4ba4-88af-fa4a75421f53'	System	30 Jul 2020 19:13:26
User entered '30 Jul 2020 14:13'	System	30 Jul 2020 19:13:26

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Jul 2020 12:00'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '31 Jul 2020 11:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 4'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-31T17:19:43', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'c719fb9c-80da-4188-8b16-9dbc3343081e'	System	31 Jul 2020 22:20:20
User entered 'No interference with activity (1)'	System	31 Jul 2020 22:20:20

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-31T17:19:45', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'c719fb9c-80da-4188-8b16-9dbc3343081e'	System	31 Jul 2020 22:20:20
User entered 'No interference with activity (1)'	System	31 Jul 2020 22:20:20

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-31T17:19:48', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'c719fb9c-80da-4188-8b16-9dbc3343081e'	System	31 Jul 2020 22:20:20
User entered 'No interference with activity (1)'	System	31 Jul 2020 22:20:20

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-31T17:19:50', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'c719fb9c-80da-4188-8b16-9dbc3343081e'	System	31 Jul 2020 22:20:20
User entered 'None (0)'	System	31 Jul 2020 22:20:20

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-31T17:19:53', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'c719fb9c-80da-4188-8b16-9dbc3343081e'	System	31 Jul 2020 22:20:20
User entered 'None (0)'	System	31 Jul 2020 22:20:20

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-31T17:19:55', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'c719fb9c-80da-4188-8b16-9dbc3343081e'	System	31 Jul 2020 22:20:20
User entered 'None (0)'	System	31 Jul 2020 22:20:20

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-31T17:20:15', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'c719fb9c-80da-4188-8b16-9dbc3343081e'	System	31 Jul 2020 22:20:20
User entered 'No (N)'	System	31 Jul 2020 22:20:20

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-07-31T17:20:17', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'c719fb9c-80da-4188-8b16-9dbc3343081e' User entered '31 Jul 2020 17:20'	System	31 Jul 2020 22:20:20
	System	31 Jul 2020 22:20:20

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '31 Jul 2020 12:00'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '01 Aug 2020 11:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 5'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-01T13:52:49', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '219b9ef2-bd7c-430c-8634-7cb84f2d0615'	System	01 Aug 2020 18:53:14
User entered 'Repeated use of over-the-counter pain reliever > 24 hours or some interference with activity (2)'	System	01 Aug 2020 18:53:14

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-01T13:52:52', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '219b9ef2-bd7c-430c-8634-7cb84f2d0615'	System	01 Aug 2020 18:53:14
User entered 'No interference with activity (1)'	System	01 Aug 2020 18:53:14

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-01T13:52:56', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '219b9ef2-bd7c-430c-8634-7cb84f2d0615'	System	01 Aug 2020 18:53:14
User entered 'Some interference with activity (2)'	System	01 Aug 2020 18:53:14

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-01T13:52:58', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '219b9ef2-bd7c-430c-8634-7cb84f2d0615'	System	01 Aug 2020 18:53:14
User entered 'None (0)'	System	01 Aug 2020 18:53:14

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-01T13:53:04', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '219b9ef2-bd7c-430c-8634-7cb84f2d0615'	System	01 Aug 2020 18:53:14
User entered 'No interference with activity or 1-2 episodes/24 hours (1)'	System	01 Aug 2020 18:53:14

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-01T13:53:06', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '219b9ef2-bd7c-430c-8634-7cb84f2d0615'	System	01 Aug 2020 18:53:14
User entered 'None (0)'	System	01 Aug 2020 18:53:14

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-01T13:53:09', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '219b9ef2-bd7c-430c-8634-7cb84f2d0615'	System	01 Aug 2020 18:53:14
User entered 'No (N)'	System	01 Aug 2020 18:53:14

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-01T13:53:11', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '219b9ef2-bd7c-430c-8634-7cb84f2d0615'	System	01 Aug 2020 18:53:14
User entered '01 Aug 2020 13:53'	System	01 Aug 2020 18:53:14

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '01 Aug 2020 12:00'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '02 Aug 2020 11:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 6'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-02T19:54:15', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a713f889-c120-47d8-b10e-c99b5add542b'	System	03 Aug 2020 00:55:03
User entered 'Repeated use of over-the-counter pain reliever > 24 hours or some interference with activity (2)'	System	03 Aug 2020 00:55:03

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-02T19:54:26', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a713f889-c120-47d8-b10e-c99b5add542b'	System	03 Aug 2020 00:55:03
User entered 'No interference with activity (1)'	System	03 Aug 2020 00:55:03

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-02T19:54:34', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a713f889-c120-47d8-b10e-c99b5add542b'	System	03 Aug 2020 00:55:03
User entered 'No interference with activity (1)'	System	03 Aug 2020 00:55:03

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-02T19:54:37', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a713f889-c120-47d8-b10e-c99b5add542b'	System	03 Aug 2020 00:55:03
User entered 'None (0)'	System	03 Aug 2020 00:55:03

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-02T19:54:51', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a713f889-c120-47d8-b10e-c99b5add542b'	System	03 Aug 2020 00:55:03
User entered 'No interference with activity or 1-2 episodes/24 hours (1)'	System	03 Aug 2020 00:55:03

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-02T19:54:53', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a713f889-c120-47d8-b10e-c99b5add542b'	System	03 Aug 2020 00:55:03
User entered 'None (0)'	System	03 Aug 2020 00:55:03

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-02T19:54:56', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a713f889-c120-47d8-b10e-c99b5add542b'	System	03 Aug 2020 00:55:03
User entered 'No (N)'	System	03 Aug 2020 00:55:03

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-02T19:54:58', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a713f889-c120-47d8-b10e-c99b5add542b'	System	03 Aug 2020 00:55:03
User entered '02 Aug 2020 19:54'	System	03 Aug 2020 00:55:03

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '02 Aug 2020 12:00'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '03 Aug 2020 11:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 7'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-03T17:05:53', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'c7ab099c-6163-4d42-96aa-bca26ee23d18'	System	03 Aug 2020 22:07:56
User entered 'Repeated use of over-the-counter pain reliever > 24 hours or some interference with activity (2)'	System	03 Aug 2020 22:07:56

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-03T17:06:10', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'c7ab099c-6163-4d42-96aa-bca26ee23d18'	System	03 Aug 2020 22:07:56
User entered 'No interference with activity (1)'	System	03 Aug 2020 22:07:56

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-03T17:06:20', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'c7ab099c-6163-4d42-96aa-bca26ee23d18'	System	03 Aug 2020 22:07:56
User entered 'Some interference with activity (2)'	System	03 Aug 2020 22:07:56

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-03T17:06:41', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'c7ab099c-6163-4d42-96aa-bca26ee23d18'	System	03 Aug 2020 22:07:56
User entered 'None (0)'	System	03 Aug 2020 22:07:56

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-03T17:06:46', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'c7ab099c-6163-4d42-96aa-bca26ee23d18'	System	03 Aug 2020 22:07:56
User entered 'No interference with activity or 1-2 episodes/24 hours (1)'	System	03 Aug 2020 22:07:56

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-03T17:07:47', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'c7ab099c-6163-4d42-96aa-bca26ee23d18'	System	03 Aug 2020 22:07:56
User entered 'None (0)'	System	03 Aug 2020 22:07:56

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-03T17:07:50', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'c7ab099c-6163-4d42-96aa-bca26ee23d18'	System	03 Aug 2020 22:07:56
User entered 'No (N)'	System	03 Aug 2020 22:07:56

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-03T17:07:52', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'c7ab099c-6163-4d42-96aa-bca26ee23d18'	System	03 Aug 2020 22:07:56
User entered '03 Aug 2020 17:07'	System	03 Aug 2020 22:07:56

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '03 Aug 2020 12:00'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 11:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(8)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	03 Aug 2020 00:55:03
User entered 'Day 8'	System	03 Aug 2020 00:55:03

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(8)

Generated On: 26 Nov 2020 08:39:22

Select one response below to indicate the intensity of your **HEADACHE**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T10:41:26', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'f9eee3ff-eb92-4744-ad4c-47ce22426cac'	System	05 Aug 2020 15:41:33
User entered 'No interference with activity (1)'	System	05 Aug 2020 15:41:33

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(8)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T10:41:29', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'f9eee3ff-eb92-4744-ad4c-47ce22426cac'	System	05 Aug 2020 15:41:33
User entered '05 Aug 2020 10:41'	System	05 Aug 2020 15:41:33

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(8)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 12:00'	System	03 Aug 2020 00:55:03

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(8)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 11:59'	System	03 Aug 2020 00:55:03

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(9)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	03 Aug 2020 22:07:56
User entered 'Day 9'	System	03 Aug 2020 22:07:56

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(9)

Generated On: 26 Nov 2020 08:39:22

Select one response below to indicate the intensity of your **HEADACHE**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T13:42:29', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '46833d73-498a-42cf-a8b7-6428781733f0'	System	05 Aug 2020 18:42:34
User entered 'No interference with activity (1)'	System	05 Aug 2020 18:42:34

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(9)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T13:42:31', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '46833d73-498a-42cf-a8b7-6428781733f0'	System	05 Aug 2020 18:42:34
User entered '05 Aug 2020 13:42'	System	05 Aug 2020 18:42:34

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(9)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 12:00'	System	03 Aug 2020 22:07:56

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(9)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Aug 2020 11:59'	System	03 Aug 2020 22:07:56

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(10)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	05 Aug 2020 15:41:33
User entered 'Day 10'	System	05 Aug 2020 15:41:33

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(10)

Generated On: 26 Nov 2020 08:39:22

Select one response below to indicate the intensity of your **HEADACHE**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-06T20:04:32', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '6463c2c3-ff21-4dbf-8287-e8c0d969e978'	System	07 Aug 2020 01:04:35
User entered 'No interference with activity (1)'	System	07 Aug 2020 01:04:35

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(10)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-06T20:04:34', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '6463c2c3-ff21-4dbf-8287-e8c0d969e978'	System	07 Aug 2020 01:04:35
User entered '06 Aug 2020 20:04'	System	07 Aug 2020 01:04:35

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(10)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Aug 2020 12:00'	System	05 Aug 2020 15:41:33

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(10)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Aug 2020 11:59'	System	05 Aug 2020 15:41:33

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(11)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	05 Aug 2020 18:42:34
User entered 'Day 11'	System	05 Aug 2020 18:42:34

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(11)

Generated On: 26 Nov 2020 08:39:22

Select one response below to indicate the intensity of your **HEADACHE**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-07T12:37:32', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'c7458bba-eeab-47c8-a1c5-a3113de4af5e'	System	07 Aug 2020 17:37:36
User entered 'None (0)'	System	07 Aug 2020 17:37:36

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(11)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-07T12:37:35', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'c7458bba-eeab-47c8-a1c5-a3113de4af5e'	System	07 Aug 2020 17:37:36
User entered '07 Aug 2020 12:37'	System	07 Aug 2020 17:37:36

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(11)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Aug 2020 12:00'	System	05 Aug 2020 18:42:34

US3002031

Folder: Diary Dose 1 (1)

Form: Headache_Day(11)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Aug 2020 11:59'	System	05 Aug 2020 18:42:34

US3002031

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(8)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	03 Aug 2020 00:55:03
User entered 'Day 8'	System	03 Aug 2020 00:55:03

US3002031

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(8)

Generated On: 26 Nov 2020 08:39:22

Select one response below to indicate the intensity of your **FATIGUE**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T10:41:34', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '203cf35b-565d-47d8-81a7-495f3bd2ffe1'	System	05 Aug 2020 15:41:39
User entered 'No interference with activity (1)'	System	05 Aug 2020 15:41:39

US3002031

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(8)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T10:41:36', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '203cf35b-565d-47d8-81a7-495f3bd2ffe1'	System	05 Aug 2020 15:41:39
User entered '05 Aug 2020 10:41'	System	05 Aug 2020 15:41:39

US3002031

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(8)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 12:00'	System	03 Aug 2020 00:55:03

US3002031

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(8)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 11:59'	System	03 Aug 2020 00:55:03

US3002031

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(9)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	03 Aug 2020 22:07:56
User entered 'Day 9'	System	03 Aug 2020 22:07:56

US3002031

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(9)

Generated On: 26 Nov 2020 08:39:22

Select one response below to indicate the intensity of your **FATIGUE**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T13:42:34', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'f42924d7-ad72-43b1-8e1e-24fc10627dd7'	System	05 Aug 2020 18:42:40
User entered 'None (0)'	System	05 Aug 2020 18:42:40

US3002031

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(9)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T13:42:36', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'f42924d7-ad72-43b1-8e1e-24fc10627dd7'	System	05 Aug 2020 18:42:40
User entered '05 Aug 2020 13:42'	System	05 Aug 2020 18:42:40

US3002031

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(9)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 12:00'	System	03 Aug 2020 22:07:56

US3002031

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(9)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Aug 2020 11:59'	System	03 Aug 2020 22:07:56

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(8)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	03 Aug 2020 00:55:03
User entered 'Day 8'	System	03 Aug 2020 00:55:03

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(8)

Generated On: 26 Nov 2020 08:39:22

Select one response below to indicate the intensity of your **MUSCLE ACHES ALL OVER BODY**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T10:41:39', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '46202054-a912-4857-9870-d5cdf74d4280'	System	05 Aug 2020 15:41:44
User entered 'No interference with activity (1)'	System	05 Aug 2020 15:41:44

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(8)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T10:41:41', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '46202054-a912-4857-9870-d5cdf74d4280'	System	05 Aug 2020 15:41:44
User entered '05 Aug 2020 10:41'	System	05 Aug 2020 15:41:44

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(8)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 12:00'	System	03 Aug 2020 00:55:03

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(8)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 11:59'	System	03 Aug 2020 00:55:03

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(9)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	03 Aug 2020 22:07:56
User entered 'Day 9'	System	03 Aug 2020 22:07:56

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(9)

Generated On: 26 Nov 2020 08:39:22

Select one response below to indicate the intensity of your **MUSCLE ACHES ALL OVER BODY**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T13:42:39', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '8676e0f9-eebe-4324-9a3e-accca879cf74'	System	05 Aug 2020 18:42:46
User entered 'No interference with activity (1)'	System	05 Aug 2020 18:42:46

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(9)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T13:42:41', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '8676e0f9-eebe-4324-9a3e-accca879cf74'	System	05 Aug 2020 18:42:46
User entered '05 Aug 2020 13:42'	System	05 Aug 2020 18:42:46

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(9)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 12:00'	System	03 Aug 2020 22:07:56

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(9)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Aug 2020 11:59'	System	03 Aug 2020 22:07:56

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(10)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	05 Aug 2020 15:41:44
User entered 'Day 10'	System	05 Aug 2020 15:41:44

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(10)

Generated On: 26 Nov 2020 08:39:22

Select one response below to indicate the intensity of your **MUSCLE ACHES ALL OVER BODY**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-06T20:04:38', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '3f507739-3323-4d81-a56d-2f86e4aa7222'	System	07 Aug 2020 01:04:41
User entered 'No interference with activity (1)'	System	07 Aug 2020 01:04:41

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(10)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-06T20:04:40', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '3f507739-3323-4d81-a56d-2f86e4aa7222'	System	07 Aug 2020 01:04:41
User entered '06 Aug 2020 20:04'	System	07 Aug 2020 01:04:41

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(10)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Aug 2020 12:00'	System	05 Aug 2020 15:41:44

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(10)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Aug 2020 11:59'	System	05 Aug 2020 15:41:44

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(11)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	05 Aug 2020 18:42:46
User entered 'Day 11'	System	05 Aug 2020 18:42:46

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(11)

Generated On: 26 Nov 2020 08:39:22

Select one response below to indicate the intensity of your **MUSCLE ACHES ALL OVER BODY**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-07T12:37:38', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '4c34703b-cb87-44d7-b456-c4e41a56ffb5'	System	07 Aug 2020 17:37:42
User entered 'No interference with activity (1)'	System	07 Aug 2020 17:37:42

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(11)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-07T12:37:41', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '4c34703b-cb87-44d7-b456-c4e41a56ffb5'	System	07 Aug 2020 17:37:42
User entered '07 Aug 2020 12:37'	System	07 Aug 2020 17:37:42

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(11)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Aug 2020 12:00'	System	05 Aug 2020 18:42:46

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(11)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Aug 2020 11:59'	System	05 Aug 2020 18:42:46

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(12)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	07 Aug 2020 01:04:41
User entered 'Day 12'	System	07 Aug 2020 01:04:41

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(12)

Generated On: 26 Nov 2020 08:39:22

Select one response below to indicate the intensity of your **MUSCLE ACHES ALL OVER BODY**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-08T22:21:11', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '5e6c11be-a099-49b7-ac08-1b9e4d2901e5'	System	09 Aug 2020 03:21:18
User entered 'None (0)'	System	09 Aug 2020 03:21:18

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(12)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-08T22:21:15', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '5e6c11be-a099-49b7-ac08-1b9e4d2901e5'	System	09 Aug 2020 03:21:18
User entered '08 Aug 2020 22:21'	System	09 Aug 2020 03:21:18

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(12)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Aug 2020 12:00'	System	07 Aug 2020 01:04:41

US3002031

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(12)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Aug 2020 11:59'	System	07 Aug 2020 01:04:41

US3002031

Folder: Diary Dose 1 (1)

Form: Nausea_Day(8)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	03 Aug 2020 00:55:03
User entered 'Day 8'	System	03 Aug 2020 00:55:03

US3002031

Folder: Diary Dose 1 (1)

Form: Nausea_Day(8)

Generated On: 26 Nov 2020 08:39:22

Select one response below to indicate the level of your **NAUSEA/VOMITING**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T10:41:54', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'c97855a1-66b9-4ed4-baf7-7f844f359861'	System	05 Aug 2020 15:42:00
User entered 'None (0)'	System	05 Aug 2020 15:42:00

US3002031

Folder: Diary Dose 1 (1)

Form: Nausea_Day(8)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T10:41:56', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'c97855a1-66b9-4ed4-baf7-7f844f359861'	System	05 Aug 2020 15:42:00
User entered '05 Aug 2020 10:41'	System	05 Aug 2020 15:42:00

US3002031

Folder: Diary Dose 1 (1)

Form: Nausea_Day(8)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 12:00'	System	03 Aug 2020 00:55:03

US3002031

Folder: Diary Dose 1 (1)

Form: Nausea_Day(8)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 11:59'	System	03 Aug 2020 00:55:03

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(8)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	03 Aug 2020 00:52:30
User entered 'Day 8'	System	03 Aug 2020 00:52:30

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(8)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T10:41:59', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'c417f8ea-a871-48f1-b0dd-74bc07ad81f2'	System	05 Aug 2020 15:42:05
User entered 'No (N)'	System	05 Aug 2020 15:42:05

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(8)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T10:42:01', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'c417f8ea-a871-48f1-b0dd-74bc07ad81f2'	System	05 Aug 2020 15:42:05
User entered '05 Aug 2020 10:42'	System	05 Aug 2020 15:42:05

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(8)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 12:00'	System	03 Aug 2020 00:52:30

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(8)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 11:59'	System	03 Aug 2020 00:52:30

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(9)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	03 Aug 2020 22:05:08
User entered 'Day 9'	System	03 Aug 2020 22:05:08

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(9)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T13:42:44', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '72f6c481-f781-4af4-ae3e-7b2e3538cc0e'	System	05 Aug 2020 18:42:47
User entered 'No (N)'	System	05 Aug 2020 18:42:47

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(9)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-05T13:42:45', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '72f6c481-f781-4af4-ae3e-7b2e3538cc0e'	System	05 Aug 2020 18:42:47
User entered '05 Aug 2020 13:42'	System	05 Aug 2020 18:42:47

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(9)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 12:00'	System	03 Aug 2020 22:05:08

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(9)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Aug 2020 11:59'	System	03 Aug 2020 22:05:08

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(10)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	05 Aug 2020 15:41:25
User entered 'Day 10'	System	05 Aug 2020 15:41:25

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(10)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-06T20:04:45', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a849862c-e8aa-43da-985c-2c75c3fe448e'	System	07 Aug 2020 01:04:50
User entered 'No (N)'	System	07 Aug 2020 01:04:50

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(10)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-06T20:04:48', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'a849862c-e8aa-43da-985c-2c75c3fe448e'	System	07 Aug 2020 01:04:50
User entered '06 Aug 2020 20:04'	System	07 Aug 2020 01:04:50

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(10)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Aug 2020 12:00'	System	05 Aug 2020 15:41:25

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(10)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Aug 2020 11:59'	System	05 Aug 2020 15:41:25

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(11)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	05 Aug 2020 18:42:29
User entered 'Day 11'	System	05 Aug 2020 18:42:29

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(11)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-07T12:37:44', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '494d8cfb-d6b3-4ab6-bc15-2b4dc4d66573'	System	07 Aug 2020 17:37:47
User entered 'No (N)'	System	07 Aug 2020 17:37:47

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(11)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-07T12:37:46', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '494d8cfb-d6b3-4ab6-bc15-2b4dc4d66573'	System	07 Aug 2020 17:37:47
User entered '07 Aug 2020 12:37'	System	07 Aug 2020 17:37:47

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(11)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Aug 2020 12:00'	System	05 Aug 2020 18:42:29

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(11)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Aug 2020 11:59'	System	05 Aug 2020 18:42:29

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(12)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
DataPoint Activated.	System	07 Aug 2020 17:37:42
DataPoint Inactivated.	System	07 Aug 2020 17:37:36
Data entry locked.	System	07 Aug 2020 01:04:29
User entered 'Day 12'	System	07 Aug 2020 01:04:29

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(12)

Generated On: 26 Nov 2020 08:39:22

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 (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-08T22:21:18', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '62bf44c9-d61d-4ae8-a2a2-5f76d6824692'	System	09 Aug 2020 03:21:24
User entered 'No (N)'	System	09 Aug 2020 03:21:24
DataPoint Activated.	System	07 Aug 2020 17:37:42
DataPoint Inactivated.	System	07 Aug 2020 17:37:36

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(12)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-08-08T22:21:20', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '62bf44c9-d61d-4ae8-a2a2-5f76d6824692'	System	09 Aug 2020 03:21:24
User entered '08 Aug 2020 22:21'	System	09 Aug 2020 03:21:24
DataPoint Activated.	System	07 Aug 2020 17:37:42
DataPoint Inactivated.	System	07 Aug 2020 17:37:36

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(12)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
DataPoint Activated.	System	07 Aug 2020 17:37:42
DataPoint Inactivated.	System	07 Aug 2020 17:37:36
User entered '08 Aug 2020 12:00'	System	07 Aug 2020 01:04:29

US3002031

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(12)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
DataPoint Activated.	System	07 Aug 2020 17:37:42
DataPoint Inactivated.	System	07 Aug 2020 17:37:36
User entered '09 Aug 2020 11:59'	System	07 Aug 2020 01:04:29

US3002031

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	06 Aug 2020 14:55:49

US3002031

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '05 Aug 2020'	(b) (4), (b) (6)	06 Aug 2020 14:55:49

US3002031

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	06 Aug 2020 14:55:49

US3002031

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	06 Aug 2020 14:55:49

US3002031

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	06 Aug 2020 14:55:55

US3002031

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	06 Aug 2020 14:55:55

US3002031

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 17:47:36
User entered 'Yes (Y)'	(b) (4), (b) (6)	14 Aug 2020 13:04:59

US3002031

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 17:47:36
User entered '11 Aug 2020'	(b) (4), (b) (6)	14 Aug 2020 13:04:59

US3002031

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 17:47:36
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	14 Aug 2020 13:04:59

US3002031

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 17:47:36
User entered empty.	(b) (4), (b) (6)	14 Aug 2020 13:04:59

US3002031

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	14 Aug 2020 13:05:06

US3002031

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	14 Aug 2020 13:05:06

US3002031

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Tiffany Nemecek (b) (4) (b) (4)	22 Sep 2020 03:02:16

US3002031

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '19 Aug 2020'	Tiffany Nemecek (b) (4) (b) (4)	22 Sep 2020 03:02:16

US3002031

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Tiffany Nemecek (b) (4) (b) (4)	22 Sep 2020 03:02:16

US3002031

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Tiffany Nemecek (b) (4) (b) (4)	22 Sep 2020 03:02:16

US3002031

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Tiffany Nemecek (b) (4) (b) (4)	22 Sep 2020 03:02:22

US3002031

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	22 Sep 2020 03:02:22

US3002031

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Was this visit performed?](#)

Audit	User	Time (GMT)
User closed query 'Per CDM: Please complete the rest of the forms in this folder as these are not to remain empty. Thank you. ' (Site from DM).	(b) (4), (b) (6)	17 Nov 2020 07:25:50
Query 'Per CDM: Please complete the rest of the forms in this folder as these are not to remain empty. Thank you. ' answered with 'Subject was positive for Covid. Visit 2 not done' (Site from DM).	(b) (4), (b) (6)	12 Nov 2020 14:00:01
User opened query 'Per CDM: Please complete the rest of the forms in this folder as these are not to remain empty. Thank you. ' (Site from DM).	(b) (4), (b) (6)	12 Nov 2020 13:15:26
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:49:11
User entered 'No (N)'	Tiffany Nemecek (b) (4) (b) (4)	22 Sep 2020 03:03:01

US3002031

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
User entered empty.	Tiffany Nemecek (b) (4) (b) (4)	22 Sep 2020 03:03:01

US3002031

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

Was visit performed at the participant's home or at the clinic?

Audit	User	Time (GMT)
User entered empty.	Tiffany Nemecek (b) (4) (b) (4)	22 Sep 2020 03:03:01

US3002031

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT2'	System	22 Sep 2020 03:03:01

US3002031

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Tiffany Nemecek (b) (4) (b) (4)	22 Sep 2020 03:03:20

US3002031

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	22 Sep 2020 03:03:20

US3002031

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 13:42:43

US3002031

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 13:42:43

US3002031

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 13:42:43

US3002031

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 13:42:43

US3002031

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 13:42:53

US3002031

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	06 Nov 2020 13:42:53

US3002031

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 13:43:02

US3002031

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 13:43:02

US3002031

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 13:43:02

US3002031

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 13:43:02

US3002031

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 13:43:06

US3002031

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	06 Nov 2020 13:43:06

US3002031

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 13:43:15

US3002031

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 13:43:15

US3002031

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 13:43:15

US3002031

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 13:43:15

US3002031

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 13:43:46

US3002031

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	06 Nov 2020 13:43:46

US3002031

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	24 Nov 2020 15:17:51

US3002031

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Visit date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '23 Nov 2020'	(b) (4), (b) (6)	24 Nov 2020 15:17:51

US3002031

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Was visit performed at the participant's home or at the clinic?](#)

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	(b) (4), (b) (6)	24 Nov 2020 15:17:51

US3002031

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT3'	System	24 Nov 2020 15:17:51

US3002031

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	24 Nov 2020 15:18:19

US3002031

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '23 Nov 2020'	(b) (4), (b) (6)	24 Nov 2020 15:18:19

US3002031

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
User entered '16:45'	(b) (4), (b) (6)	24 Nov 2020 15:18:19

US3002031

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '23 Nov 2020 16:45'	System	24 Nov 2020 15:18:19

US3002031

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '37.0' C	(b) (4), (b) (6)	24 Nov 2020 15:18:19

US3002031

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	(b) (4), (b) (6)	24 Nov 2020 15:18:19

US3002031

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	24 Nov 2020 15:18:19

US3002031

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '80'	(b) (4), (b) (6)	24 Nov 2020 15:18:19

US3002031

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	24 Nov 2020 15:18:19

US3002031

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered '16'	(b) (4), (b) (6)	24 Nov 2020 15:18:19

US3002031

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	24 Nov 2020 15:18:19

US3002031

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '118'	(b) (4), (b) (6)	24 Nov 2020 15:18:19

US3002031

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	24 Nov 2020 15:18:19

US3002031

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '80'	(b) (4), (b) (6)	24 Nov 2020 15:18:19

US3002031

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	24 Nov 2020 15:18:19

US3002031

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	24 Nov 2020 15:19:05

US3002031

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '23 Nov 2020'	(b) (4), (b) (6)	24 Nov 2020 15:19:05

US3002031

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	24 Nov 2020 15:19:26

US3002031

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '23 Nov 2020'	(b) (4), (b) (6)	24 Nov 2020 15:19:26

US3002031

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

[Collection time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User entered '17:18'	(b) (4), (b) (6)	24 Nov 2020 15:19:26

US3002031

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '23 Nov 2020 17:18'	System	24 Nov 2020 15:19:26

US3002031

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	24 Nov 2020 15:19:29

US3002031

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	24 Nov 2020 15:19:29

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 64'	System	28 Jul 2020 21:23:02

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:02:31', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d' User entered 'Yes (Y)'	System	27 Sep 2020 05:05:46
	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:02:53', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d'	System	27 Sep 2020 05:05:46
User entered 'Yes (Y)'	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:04:47', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d'	System	27 Sep 2020 05:05:46
User entered 'I confirm I have read this message and will call the study clinic immediately (9)'	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:04:58', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d' User entered 'Yes (Y)'	System	27 Sep 2020 05:05:46
	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Fever (Temperature \geq 100.4°F/38°C)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:05:17', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d' User entered '1'	System	27 Sep 2020 05:05:46
	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:05:17', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d' User entered '1'	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:05:17', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d'	System	27 Sep 2020 05:05:46
User entered '1'	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Shortness of breath](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:05:17', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d' User entered '1'	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Difficulty breathing](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:05:17', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d' User entered '1'	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:05:17', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d' User entered '1'	System	27 Sep 2020 05:05:46
	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Muscle aches](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:05:17', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d'	System	27 Sep 2020 05:05:46
User entered '1'	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Body aches](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:05:17', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d'	System	27 Sep 2020 05:05:46
User entered '1'	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:05:17', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d'	System	27 Sep 2020 05:05:46
User entered '1'	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[New loss of taste](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:05:17', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d'	System	27 Sep 2020 05:05:46
User entered '1'	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[New loss of smell](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:05:17', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d'	System	27 Sep 2020 05:05:46
User entered '1'	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Sore throat](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:05:17', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d' User entered '0'	System	27 Sep 2020 05:05:46
	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Congestion](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:05:17', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d' User entered '0'	System	27 Sep 2020 05:05:46
	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Runny nose](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:05:17', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d'	System	27 Sep 2020 05:05:46
User entered '1'	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:05:17', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d' User entered '1'	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:05:17', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d' User entered '1'	System	27 Sep 2020 05:05:46
	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:05:17', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d'	System	27 Sep 2020 05:05:46
User entered '1'	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:05:20', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d'	System	27 Sep 2020 05:05:46
User entered 'I confirm I have read this message and will call the study clinic immediately (9)'	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:05:28', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d' User entered 'Yes (Y)'	System	27 Sep 2020 05:05:46
	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:05:32', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d'	System	27 Sep 2020 05:05:46
User entered 'I confirm I have read this message and will call the study clinic immediately (9)'	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-09-27T00:05:35', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '619e1a22-8f98-45df-ae73-64c483a4228d' User entered '27 Sep 2020 00:05:35'	System	27 Sep 2020 05:05:46
	System	27 Sep 2020 05:05:46

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered '27 Sep 2020 00:01'	System	28 Jul 2020 21:23:02

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered '01 Oct 2020 23:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 71'	System	28 Jul 2020 21:23:02

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-10-04T00:47:05', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '2e691674-ad5b-4922-9652-f97b8be7c23e' User entered 'No (N)'	System	04 Oct 2020 05:47:22
	System	04 Oct 2020 05:47:22

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-10-04T00:47:16', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '2e691674-ad5b-4922-9652-f97b8be7c23e'	System	04 Oct 2020 05:47:22
User entered 'No (N)'	System	04 Oct 2020 05:47:22

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-10-04T00:47:20', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '2e691674-ad5b-4922-9652-f97b8be7c23e' User entered '04 Oct 2020 00:47:20'	System	04 Oct 2020 05:47:22
	System	04 Oct 2020 05:47:22

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered '04 Oct 2020 00:01'	System	28 Jul 2020 21:23:02

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered '08 Oct 2020 23:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 78'	System	28 Jul 2020 21:23:02

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-10-11T00:16:46', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '2e7a7c1a-ccb7-4bec-9b1b-577d0cc625a8'	System	11 Oct 2020 05:17:06
User entered 'No (N)'	System	11 Oct 2020 05:17:06

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-10-11T00:16:57', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '2e7a7c1a-ccb7-4bec-9b1b-577d0cc625a8'	System	11 Oct 2020 05:17:06
User entered 'No (N)'	System	11 Oct 2020 05:17:06

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-10-11T00:17:02', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '2e7a7c1a-ccb7-4bec-9b1b-577d0cc625a8' User entered '11 Oct 2020 00:17:02'	System	11 Oct 2020 05:17:06
	System	11 Oct 2020 05:17:06

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered '11 Oct 2020 00:01'	System	28 Jul 2020 21:23:02

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered '15 Oct 2020 23:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 92'	System	28 Jul 2020 21:23:02

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-10-27T10:41:01', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'e5cdf339-925f-4d0f-9b53-92d58b786391' User entered 'No (N)'	System	27 Oct 2020 15:41:13
	System	27 Oct 2020 15:41:13

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-10-27T10:41:08', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'e5cdf339-925f-4d0f-9b53-92d58b786391'	System	27 Oct 2020 15:41:13
User entered 'No (N)'	System	27 Oct 2020 15:41:13

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-10-27T10:41:11', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'e5cdf339-925f-4d0f-9b53-92d58b786391' User entered '27 Oct 2020 10:41:11'	System	27 Oct 2020 15:41:13
	System	27 Oct 2020 15:41:13

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered '25 Oct 2020 00:01'	System	28 Jul 2020 21:23:02

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered '29 Oct 2020 23:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 99'	System	28 Jul 2020 21:23:02

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-11-01T00:13:31', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'ad587d65-656c-4b13-b473-681ef44649b2'	System	01 Nov 2020 05:13:43
User entered 'No (N)'	System	01 Nov 2020 05:13:43

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-11-01T00:13:37', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'ad587d65-656c-4b13-b473-681ef44649b2'	System	01 Nov 2020 05:13:43
User entered 'No (N)'	System	01 Nov 2020 05:13:43

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-11-01T00:13:40', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'ad587d65-656c-4b13-b473-681ef44649b2'	System	01 Nov 2020 05:13:43
User entered '01 Nov 2020 00:13:40'	System	01 Nov 2020 05:13:43

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered '01 Nov 2020 00:01'	System	28 Jul 2020 21:23:02

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered '05 Nov 2020 23:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 106'	System	28 Jul 2020 21:23:02

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-11-08T08:55:11', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'afa45c6c-e351-4954-8f9a-4cc8cd7cb384'	System	08 Nov 2020 14:55:20
User entered 'No (N)'	System	08 Nov 2020 14:55:20

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-11-08T08:55:15', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'afa45c6c-e351-4954-8f9a-4cc8cd7cb384'	System	08 Nov 2020 14:55:20
User entered 'No (N)'	System	08 Nov 2020 14:55:20

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-11-08T08:55:18', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: 'afa45c6c-e351-4954-8f9a-4cc8cd7cb384'	System	08 Nov 2020 14:55:20
User entered '08 Nov 2020 08:55:18'	System	08 Nov 2020 14:55:20

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered '08 Nov 2020 00:01'	System	28 Jul 2020 21:23:02

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered '12 Nov 2020 23:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered 'Day 113'	System	28 Jul 2020 21:23:02

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-11-15T11:37:43', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '84cd4433-c19c-489e-8b5a-5e880d612955'	System	15 Nov 2020 17:37:53
User entered 'No (N)'	System	15 Nov 2020 17:37:53

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-11-15T11:37:45', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '84cd4433-c19c-489e-8b5a-5e880d612955'	System	15 Nov 2020 17:37:53
User entered 'No (N)'	System	15 Nov 2020 17:37:53

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (75D3F7AA-3763-4BF1-ABC4-421FDFB82A04)', Time: '2020-11-15T11:37:48', User OID: 'PatientReportedOutcome (US3002031)', ODM File OID: '84cd4433-c19c-489e-8b5a-5e880d612955'	System	15 Nov 2020 17:37:53
User entered '15 Nov 2020 11:37:48'	System	15 Nov 2020 17:37:53

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered '15 Nov 2020 00:01'	System	28 Jul 2020 21:23:02

US3002031

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	28 Jul 2020 21:23:02
User entered '19 Nov 2020 23:59'	System	28 Jul 2020 21:23:02

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 61'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '24 Sep 2020 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '28 Sep 2020 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 68'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '01 Oct 2020 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '05 Oct 2020 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 75'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '08 Oct 2020 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '12 Oct 2020 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 82'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '15 Oct 2020 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '19 Oct 2020 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 89'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '22 Oct 2020 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '26 Oct 2020 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 96'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '29 Oct 2020 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '02 Nov 2020 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 103'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '05 Nov 2020 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '09 Nov 2020 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 110'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '12 Nov 2020 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '16 Nov 2020 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 117'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '19 Nov 2020 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '23 Nov 2020 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 124'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '26 Nov 2020 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '30 Nov 2020 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 131'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '03 Dec 2020 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '07 Dec 2020 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 138'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '10 Dec 2020 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '14 Dec 2020 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 145'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '17 Dec 2020 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '21 Dec 2020 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 152'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '24 Dec 2020 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '28 Dec 2020 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 159'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '31 Dec 2020 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '04 Jan 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 166'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '07 Jan 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '11 Jan 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 173'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '14 Jan 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '18 Jan 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 180'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '21 Jan 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '25 Jan 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 187'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '28 Jan 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '01 Feb 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 194'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '04 Feb 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '08 Feb 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 201'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '11 Feb 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '15 Feb 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 208'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '18 Feb 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '22 Feb 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 215'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '25 Feb 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '01 Mar 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 222'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '04 Mar 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '08 Mar 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 229'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '11 Mar 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '15 Mar 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 236'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '18 Mar 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '22 Mar 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 243'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '25 Mar 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '29 Mar 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 250'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '01 Apr 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '05 Apr 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 257'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '08 Apr 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '12 Apr 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 264'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '15 Apr 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '19 Apr 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 271'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '22 Apr 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '26 Apr 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 278'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '29 Apr 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '03 May 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 285'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '06 May 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '10 May 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 292'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '13 May 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '17 May 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 299'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '20 May 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '24 May 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 306'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '27 May 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '31 May 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 313'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '03 Jun 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '07 Jun 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 320'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '10 Jun 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '14 Jun 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 327'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '17 Jun 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '21 Jun 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 334'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '24 Jun 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '28 Jun 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 341'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '01 Jul 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '05 Jul 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 348'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '08 Jul 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '12 Jul 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 355'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '15 Jul 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '19 Jul 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 362'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '22 Jul 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '26 Jul 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 369'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '29 Jul 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '02 Aug 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 376'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '05 Aug 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '09 Aug 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 383'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '12 Aug 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '16 Aug 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 390'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '19 Aug 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '23 Aug 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 397'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '26 Aug 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '30 Aug 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 404'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '02 Sep 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '06 Sep 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 411'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '09 Sep 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '13 Sep 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 418'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '16 Sep 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '20 Sep 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 425'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '23 Sep 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '27 Sep 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 432'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '30 Sep 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '04 Oct 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 439'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '07 Oct 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '11 Oct 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 446'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '14 Oct 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '18 Oct 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 453'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '21 Oct 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '25 Oct 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 460'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '28 Oct 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '01 Nov 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 467'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '04 Nov 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '08 Nov 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 474'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '11 Nov 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '15 Nov 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 481'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '18 Nov 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '22 Nov 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 488'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '25 Nov 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '29 Nov 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 495'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '02 Dec 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '06 Dec 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 502'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '09 Dec 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '13 Dec 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 509'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '16 Dec 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '20 Dec 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 516'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '23 Dec 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '27 Dec 2021 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 523'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '30 Dec 2021 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '03 Jan 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 530'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '06 Jan 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '10 Jan 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 537'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '13 Jan 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '17 Jan 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 544'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '20 Jan 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '24 Jan 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 551'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '27 Jan 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '31 Jan 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 558'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '03 Feb 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '07 Feb 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 565'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '10 Feb 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '14 Feb 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 572'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '17 Feb 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '21 Feb 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 579'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '24 Feb 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '28 Feb 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 586'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '03 Mar 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '07 Mar 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 593'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '10 Mar 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '14 Mar 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 600'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '17 Mar 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '21 Mar 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 607'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '24 Mar 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '28 Mar 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 614'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '31 Mar 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '04 Apr 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 621'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '07 Apr 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '11 Apr 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 628'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '14 Apr 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '18 Apr 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 635'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '21 Apr 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '25 Apr 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 642'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '28 Apr 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '02 May 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 649'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '05 May 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '09 May 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 656'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '12 May 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '16 May 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 663'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '19 May 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '23 May 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 670'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '26 May 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '30 May 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 677'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '02 Jun 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '06 Jun 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 684'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '09 Jun 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '13 Jun 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 691'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '16 Jun 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '20 Jun 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 698'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '23 Jun 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '27 Jun 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 705'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '30 Jun 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '04 Jul 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 712'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '07 Jul 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '11 Jul 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 719'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '14 Jul 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '18 Jul 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 726'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '21 Jul 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '25 Jul 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 733'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '28 Jul 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '01 Aug 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 740'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '04 Aug 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '08 Aug 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 747'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '11 Aug 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '15 Aug 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 754'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '18 Aug 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '22 Aug 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 761'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '25 Aug 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '29 Aug 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 768'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '01 Sep 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '05 Sep 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 775'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '08 Sep 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '12 Sep 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 782'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '15 Sep 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '19 Sep 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 789'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '22 Sep 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '26 Sep 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered 'Day 796'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '29 Sep 2022 00:01'	System	19 Nov 2020 02:33:06

US3002031

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:33:06
Amendment Manager: User entered '03 Oct 2022 23:59'	System	19 Nov 2020 02:33:06

US3002031

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	24 Nov 2020 22:03:42

US3002031

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	24 Nov 2020 22:03:42

US3002031

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	24 Nov 2020 22:04:01

US3002031

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '23 Nov 2020'	(b) (4), (b) (6)	24 Nov 2020 22:04:01

US3002031

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	24 Nov 2020 22:04:01

US3002031

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	24 Nov 2020 22:04:01

US3002031

Folder: Safety Call Day 119 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	24 Nov 2020 22:04:05

US3002031

Folder: Safety Call Day 119 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	24 Nov 2020 22:04:05

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

[Date of Contact](#)

Audit	User	Time (GMT)
User closed query 'Per CDM: If this visit is not needed please consider removing all data permitting forms to be inactivated' (Site from DM).	(b) (4), (b) (6)	08 Nov 2020 19:30:30
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:25
Query 'Per CDM: If this visit is not needed please consider removing all data permitting forms to be inactivated' answered with 'data is needed currently updating symptoms log' (Site from DM).	Jessica Satorie (b) (4)	06 Nov 2020 15:23:13
User opened query 'Per CDM: If this visit is not needed please consider removing all data permitting forms to be inactivated' (Site from DM).	(b) (4)	
User entered '03 Aug 2020'	(b) (4), (b) (6)	06 Nov 2020 15:18:46
DataPoint activated with code reason code Data required.	Jessica Satorie (b) (4)	06 Nov 2020 14:27:33
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	06 Nov 2020 01:54:57
	(b) (4), (b) (6)	28 Oct 2020 02:32:40

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

[Time of Contact](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:25
User closed query 'Data entered is non-conformant. Please correct.' (Site from System).	System	06 Nov 2020 15:22:47
User entered '11:00' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 15:22:47
User opened query 'Data entered is non-conformant. Please correct.' (Site from System).	System	06 Nov 2020 15:22:05
User closed query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 15:22:05
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	06 Nov 2020 15:22:05
User entered 'un:un' (non-conformant).	Jessica Satorie (b) (4)	06 Nov 2020 15:22:05
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 14:27:33
User entered empty.	Jessica Satorie (b) (4)	06 Nov 2020 14:27:33
DataPoint activated with code reason code Data required.	(b) (4)	06 Nov 2020 01:54:57
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	28 Oct 2020 02:32:40

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered '03 Aug 2020 11:00'	System	06 Nov 2020 15:22:47
User entered '03 Aug 2020 UN:UN' (non-conformant).	System	06 Nov 2020 15:22:05
User entered empty.	System	06 Nov 2020 14:27:33
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	06 Nov 2020 01:54:57
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	28 Oct 2020 02:32:40

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

[Type of Contact](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:25
User closed query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 15:22:05
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	06 Nov 2020 15:22:05
User entered 'Convalescent Tele-visit (Convalescent Tele-visit)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 15:22:05
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 14:27:33
User entered empty.	Jessica Satorie (b) (4)	06 Nov 2020 14:27:33
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	06 Nov 2020 01:54:57
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	28 Oct 2020 02:32:40

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:25
User entered 'Yes (Y)'	Jessica Satorie (b) (4)	06 Nov 2020 14:27:33
DataPoint activated with code reason code Data required.	(b) (4) (b) (4), (b) (6)	06 Nov 2020 01:54:57
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	28 Oct 2020 02:32:40

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 1 (Day 1)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:57

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '28 Jul 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:57

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'I'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:57

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:57

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 14:28:57

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:57

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:57

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:57

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:57

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:57

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:57

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:57

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:57

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:57

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:57

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:57

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:57

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:57

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:57

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:57

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:57

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:57

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 2 (Day 2)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:06

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '29 Jul 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:06

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'I'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:06

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:06

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 14:29:06

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:06

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:06

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:06

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:06

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:06

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:06

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:06

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:06

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:06

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:06

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:06

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:06

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:06

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:06

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:06

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:06

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:06

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 3 (Day 3)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:22

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '30 Jul 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:22

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'I'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:22

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:22

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 14:29:22

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:22

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:22

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:22

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:22

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:22

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:22

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:22

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:22

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:22

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:22

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:22

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:22

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:22

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:22

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:22

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:22

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:22

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 4 (Day 4)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:34

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '31 Jul 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:34

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'I'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:34

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:34

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 14:29:34

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:34

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:34

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:34

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:34

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:34

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:34

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:34

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:34

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:34

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:34

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:34

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:34

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:34

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:34

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:34

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:34

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:29:34

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 5 (Day 5)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:07

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '01 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:07

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'I'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:07

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:07

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 14:30:07

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:07

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:07

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:07

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:07

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:07

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:07

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:07

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:07

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:07

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:07

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:07

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:07

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:07

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:07

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:07

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:07

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:07

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 6 (Day 6)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '02 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'I'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 14:30:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:30:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 7 (Day 7)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:52:27

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '03 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:52:27

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:52:27

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '98'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:52:27

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 14:52:27

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '37.0' C reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 14:54:05
User entered '98.6' F	Jessica Satorie (b) (4)	06 Nov 2020 14:52:27

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:52:27

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:52:27

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:52:27

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:52:27

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:52:27

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Moderate (Moderate)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 14:54:05
User entered 'Mild (Mild)'	Jessica Satorie (b) (4)	06 Nov 2020 14:52:27

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:52:27

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Moderate (Moderate)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 14:54:05
User entered 'Mild (Mild)'	Jessica Satorie (b) (4)	06 Nov 2020 14:52:27

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:52:27

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:52:27

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:52:27

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:52:27

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:52:27

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:52:27

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:52:27

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:52:27

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 8 (Day 8)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:55:33

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '04 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:55:33

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:55:33

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '98'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:55:33

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 14:55:33

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '98.6' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:55:33

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:55:33

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:55:33

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:55:33

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:55:33

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:55:33

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:55:33

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:55:33

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:55:33

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:55:33

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:55:33

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:55:33

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:55:33

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:55:33

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:55:33

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:55:33

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:55:33

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 9 (Day 9)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:57:01

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '05 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:57:01

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:57:01

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '99'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:57:01

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 14:57:01

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '98.1' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:57:01

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:57:01

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:57:01

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:57:01

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:57:01

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:57:01

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:57:01

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:57:01

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Moderate (Moderate)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:57:01

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:57:01

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:57:01

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:57:01

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:57:01

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:57:01

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:57:01

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:57:01

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:57:01

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 10 (Day 10)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:08:21

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '06 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:08:21

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:08:21

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '97'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:08:21

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 15:08:21

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '98.7' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:08:21

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:08:21

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:08:21

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:08:21

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:08:21

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:08:21

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:08:21

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:08:21

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:08:21

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:08:21

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:08:21

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:08:21

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

Runny Nose (Rhinorrhea)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:08:21

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:08:21

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:08:21

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:08:21

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:08:21

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 11 (Day 11)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '7 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '98'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 15:09:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '98.1' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 12 (Day 12)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:46

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '8 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:46

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:46

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '99'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:46

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 15:09:46

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '98.7' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:46

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:46

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:46

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:46

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:46

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:46

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:46

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:46

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:46

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:46

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:46

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:46

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:46

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:46

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:46

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:46

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:09:46

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 13 (Day 13)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:10:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '9 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:10:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:10:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '98'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:10:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 15:10:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '98.3' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:10:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:10:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:10:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:10:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:10:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:10:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:10:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:10:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:10:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:10:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:10:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:10:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:10:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:10:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:10:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:10:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:10:25

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 14 (Day 14)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:44:35

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '10 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:44:35

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:44:35

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '99'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:44:35

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 16:44:35

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '98.6' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:44:35

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:44:35

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:44:35

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:44:35

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:44:35

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:44:35

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:44:35

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:44:35

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:44:35

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:44:35

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:44:35

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:44:35

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:44:35

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:44:35

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:44:35

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:44:35

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:44:35

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 15 (Day 15)' reason for change:	Jessica Satorie (b) (4)	06 Nov 2020 16:45:38
Data Entry Error	(b) (4)	
User entered 'Day 11 (Day 11)'	Jessica Satorie (b) (4)	06 Nov 2020 16:45:16
	(b) (4)	

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '11 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:45:16

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:45:16

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '98'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:45:16

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 16:45:16

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '98.3' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:45:16

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:45:16

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:45:16

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:45:16

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:45:16

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:45:16

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:45:16

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:45:16

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:45:16

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:45:16

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:45:16

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:45:16

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:45:16

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:45:16

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:45:16

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:45:16

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:45:16

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 16 (Day 16)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:46:43

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '12 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:46:43

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:46:43

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '98'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:46:43

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 16:46:43

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '98.5' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:46:43

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:46:43

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:46:43

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:46:43

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:46:43

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:46:43

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:46:43

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:46:43

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:46:43

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:46:43

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:46:43

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:46:43

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:46:43

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:46:43

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:46:43

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:46:43

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:46:43

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 17 (Day 17)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:47:17

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '13 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:47:17

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:47:17

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '99'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:47:17

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 16:47:17

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '98.1' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:47:17

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:47:17

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:47:17

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:47:17

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:47:17

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:47:17

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:47:17

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:47:17

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:47:17

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:47:17

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:47:17

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:47:17

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:47:17

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:47:17

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:47:17

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:47:17

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:47:17

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 18 (Day 18)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:04

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '14 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:04

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:04

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '99'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:04

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 16:48:04

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '98.6' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:04

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:04

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:04

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:04

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:04

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:04

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:04

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:04

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:04

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:04

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:04

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:04

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:04

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:04

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:04

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:04

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:04

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 19 (Day 19)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:37

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '15 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:37

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:37

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '99'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:37

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 16:48:37

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '98.6' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:37

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:37

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:37

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:37

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:37

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:37

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:37

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:37

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:37

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:37

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:37

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:37

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:37

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:37

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:37

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:37

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:48:37

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 14 (Day 14)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:49:10

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '16 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:49:10

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:49:10

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '99'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:49:10

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 16:49:10

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered '98.1' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:49:10

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:49:10

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:49:10

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:49:10

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:49:10

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:49:10

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:49:10

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:49:10

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:49:10

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:49:10

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:49:10

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:49:10

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:49:10

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:49:10

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:49:10

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:49:10

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:18:51
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 16:49:10

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Date of Visit](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:19:12
User entered '03 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Was the Subject Tested For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:19:12
User entered 'Yes (Y)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Did Subject Test Positive For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:19:12
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Date of Test](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:19:12
User entered '03 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

Type of Test Performed

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:19:12
User entered 'Nasopharyngeal Swab (Nasopharyngeal Swab)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:19:12
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[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 17:19:12
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Lab/ Institution Test Performed](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:19:12
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[CLIA Certified?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:19:12
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 14:28:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[COVID-19 Positive \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	06 Nov 2020 14:28:03

US3002031

Folder: Covid-19 Assessment 03 Aug 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 08:39:22

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:19:23
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	06 Nov 2020 01:55:16
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	28 Oct 2020 02:32:48
User entered 'Yes (Y)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:08:37

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

[Date of Contact](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:26:47
DataPoint Un-verified.	Jessica Satorie (b) (4)	07 Oct 2020 22:51:31
User entered '25 Aug 2020' reason for change: Data Entry Error	(b) (4)	07 Oct 2020 22:51:31
DataPoint Verified.	(b) (4), (b) (6)	07 Oct 2020 17:12:07
User entered '26 Aug 2020'	(b) (4), (b) (6)	02 Sep 2020 12:44:46

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

[Time of Contact](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:26:47
User closed query 'Data is required. Please complete.' (Site from System).	System	07 Oct 2020 22:51:31
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	07 Oct 2020 22:51:31
DataPoint Un-verified.	Jessica Satorie (b) (4)	07 Oct 2020 22:51:31
User entered '15:50' reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 22:51:31
DataPoint Verified.	(b) (4), (b) (6)	07 Oct 2020 17:12:07
User opened query 'Data is required. Please complete.' (Site from System).	System	02 Sep 2020 12:44:46
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 12:44:46

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered '25 Aug 2020 15:50'	System	07 Oct 2020 22:51:31
User entered empty.	System	02 Sep 2020 12:44:46

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

[Type of Contact](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:37
DataPoint Un-verified.	Jessica Satorie (b) (4)	06 Nov 2020 00:39:38
User entered 'Clinic Visit - Scheduled (Clinic Visit - Scheduled)' reason for change: Data Entry Error	(b) (4)	06 Nov 2020 00:39:38
DataPoint Verified.	Jessica Satorie (b) (4)	06 Nov 2020 00:39:38
	(b) (4)	
DataPoint Verified.	(b) (4), (b) (6)	07 Oct 2020 17:12:07
	(b) (4), (b) (6)	
User entered 'Convalescent Tele-visit (Convalescent Tele-visit)'	(b) (4), (b) (6)	02 Sep 2020 12:44:46

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	07 Oct 2020 17:12:07
User entered 'Yes (Y)'	(b) (4), (b) (6)	02 Sep 2020 12:44:46

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 5 (Day 5)' reason for change: Data Entry Error	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:40:31
User entered 'Day 1 (Day 1)' reason for change: Data Entry Error	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 22:52:19
User entered 'Day 2 (Day 2)'	(b) (4), (b) (6) (b) (4)	02 Sep 2020 12:45:50

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '25 Aug 2020' reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 22:52:19
User entered '26 Aug 2020'	(b) (4), (b) (6)	02 Sep 2020 12:45:50

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '0'	(b) (4), (b) (6)	02 Sep 2020 12:45:50

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '99' reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 22:53:47
User entered '100' reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 22:47:45
User entered missing code ND - Not Done.	(b) (4), (b) (6)	02 Sep 2020 12:45:50

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	02 Sep 2020 12:45:50

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '37.2' C reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 22:53:47
User entered '98.8' F reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 22:47:45
User entered missing code ND - Not Done.	(b) (4), (b) (6)	02 Sep 2020 12:45:50

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
User closed query 'Per CDM: it appears date is missing for DAYS 1 - 7. If not conducted, please consider recording Not Done or make all updates accordingly' (Site from DM).	(b) (4), (b) (6)	18 Nov 2020 06:50:54
Query 'Per CDM: it appears date is missing for DAYS 1 - 7. If not conducted, please consider recording Not Done or make all updates accordingly' answered with 'days 1-4 were not done. Day 5 of symptoms is when the subject came into clinic. Data correct as entered' (Site from DM).	(b) (4), (b) (6)	17 Nov 2020 16:10:01
User opened query 'Per CDM: it appears date is missing for DAYS 1 - 7. If not conducted, please consider recording Not Done or make all updates accordingly' (Site from DM).	(b) (4), (b) (6)	17 Nov 2020 10:21:29
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 12:45:50

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 12:45:50

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 12:45:50

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 12:45:50

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)'	(b) (4), (b) (6)	02 Sep 2020 12:45:50

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 12:45:50

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 12:45:50

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)'	(b) (4), (b) (6)	02 Sep 2020 12:45:50

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)'	(b) (4), (b) (6)	02 Sep 2020 12:45:50

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 12:45:50

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 12:45:50

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 12:45:50

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Moderate (Moderate)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 22:52:05
User entered 'Mild (Mild)'	(b) (4)	
	(b) (4), (b) (6)	02 Sep 2020 12:45:50

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 12:45:50

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 12:45:50

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 12:45:50

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 6 (Day 6)' reason for change: Data Entry Error	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:40:31
User entered 'Day 2 (Day 2)' reason for change: Data Entry Error	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 22:58:25
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 22:52:05

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User closed query 'Data is required. Please complete.' (Site from System).	System	07 Oct 2020 22:53:47
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	07 Oct 2020 22:53:47
User entered '26 Aug 2020' reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 22:53:47
User opened query 'Data is required. Please complete.' (Site from System).	System	07 Oct 2020 22:52:05
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 22:52:05

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '0'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 22:52:05

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '100' reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 22:53:47
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 22:52:05

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	07 Oct 2020 22:53:47
User entered empty.	System	07 Oct 2020 22:52:05

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '98.8' F reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 22:53:47
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 22:52:05

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 22:52:05

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 22:52:05

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 22:52:05

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 22:52:05

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 22:53:47
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 22:52:05

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 22:52:05

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 22:52:05

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 22:53:47
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 22:52:05

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 22:53:47
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 22:52:05

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 22:52:05

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 22:52:05

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 22:52:05

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 22:53:47
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 22:52:05

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 22:52:05

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 22:52:05

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 22:52:05

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 7 (Day 7)' reason for change: Data Entry Error	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:40:31
User entered 'Day 3 (Day 3)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '27 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '0'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '99'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '98.8' F	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 8 (Day 8)' reason for change: Data Entry Error	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:40:31
User entered 'Day 4 (Day 4)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '28 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '0'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '100'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '99.0' F	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 9 (Day 9)' reason for change: Data Entry Error	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:40:31
User entered 'Day 5 (Day 5)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '29 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '0'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '99'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '98.3' F	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 10 (Day 10)' reason for change:	Jessica Satorie (b) (4)	06 Nov 2020 00:40:31
Data Entry Error	(b) (4)	
User entered 'Day 6 (Day 6)'	Jessica Satorie (b) (4)	07 Oct 2020 23:07:41
	(b) (4)	

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '30 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '0'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '98'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '98.5' F	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 11 (Day 11)' reason for change:	Jessica Satorie (b) (4)	06 Nov 2020 00:40:31
Data Entry Error	(b) (4)	
User entered 'Day 6 (Day 6)'	Jessica Satorie (b) (4)	07 Oct 2020 23:07:41
	(b) (4)	

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '31 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '0'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '98'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '98.6' F	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:07:41

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 1 (Day 1)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:06

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '21 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:06

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'I'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:06

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:06

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 00:41:06

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:06

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:06

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:06

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:06

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:06

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:06

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:06

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:06

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:06

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:06

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:06

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:06

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:06

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:06

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:06

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:06

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:06

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 2 (Day 2)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:19

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '22 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:19

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'I'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:19

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:19

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 00:41:19

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:19

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:19

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:19

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:19

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:19

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:19

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:19

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:19

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:19

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:19

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:19

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:19

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:19

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:19

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:19

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:19

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:19

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 3 (Day 3)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:34

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Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '23 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:34

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'I'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:34

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:34

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 00:41:34

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:34

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:34

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:34

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:34

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:34

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:34

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:34

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:34

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:34

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:34

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:34

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:34

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:34

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:34

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:34

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:34

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:34

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 4 (Day 4)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:47

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered '24 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:47

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered 'I'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:47

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:47

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 00:41:47

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:47

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:47

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:47

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:47

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:47

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:47

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:47

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:47

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:47

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:47

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:47

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:47

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:47

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:47

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:47

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:47

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:15:53
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:41:47

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Date of Visit](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:17:19
User entered '25 Aug 2020' reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 22:54:35
User entered '26 Aug 2020'	(b) (4)	
	(b) (4), (b) (6)	02 Sep 2020 12:47:08

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Was the Subject Tested For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:17:19
User entered 'Yes (Y)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 22:54:35
User entered 'No (N)'	(b) (4)	
	(b) (4), (b) (6)	02 Sep 2020 12:47:08

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Did Subject Test Positive For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:17:19
User closed query 'Data is required. Please complete.' (Site from System).	System	07 Oct 2020 22:54:35
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	07 Oct 2020 22:54:35
User entered 'No (N)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 22:54:35
User opened query 'Data is required. Please complete.' (Site from System).	System	02 Sep 2020 12:47:08
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 12:47:08

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Date of Test](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:17:19
User closed query 'The Date of Test is before the Date of Informed Consent. Please review and reconcile.' (Site from System).	System	07 Oct 2020 22:54:44
User entered '25 Aug 2020' reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 22:54:44
User closed query 'Data is required. Please complete.' (Site from System).	System	07 Oct 2020 22:54:35
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	07 Oct 2020 22:54:35
User opened query 'The Date of Test is before the Date of Informed Consent. Please review and reconcile.' (Site from System).	System	07 Oct 2020 22:54:35
User entered '25 Apr 2020' reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 22:54:35
User opened query 'Data is required. Please complete.' (Site from System).	System	02 Sep 2020 12:47:08
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 12:47:08

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

Type of Test Performed

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:17:19
User closed query 'Data is required. Please complete.' (Site from System).	System	07 Oct 2020 22:54:35
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	07 Oct 2020 22:54:35
User entered 'Nasopharyngeal Swab (Nasopharyngeal Swab)' reason for change: Data Entry Error	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 22:54:35
User opened query 'Data is required. Please complete.' (Site from System).	System	02 Sep 2020 12:47:08
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 12:47:08

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:17:19
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 12:47:08

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[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 17:17:19
User closed query 'Data is required. Please complete.' (Site from System).	System	07 Oct 2020 22:54:35
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	07 Oct 2020 22:54:35
User entered 'No (N)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 22:54:35
User opened query 'Data is required. Please complete.' (Site from System).	System	02 Sep 2020 12:47:08
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 12:47:08

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Lab/ Institution Test Performed](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:17:19
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 12:47:08

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[CLIA Certified?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:17:19
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 12:47:08

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[COVID-19 Positive \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	07 Oct 2020 22:54:35

US3002031

Folder: Covid-19 Assessment 25 Aug 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 08:39:22

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:17:29
User entered 'Yes (Y)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 22:50:36

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

[Date of Contact](#)

Audit	User	Time (GMT)
User closed query 'Per GCL Lab Reconciliation: SARS-CoV-2 serum sample: sample dated 28 SEP 2020 is reported under Illness Visit Day 1 in PPD Central lab, however the same is missing in EDC. Please review if the sample has been collected then update the details under appropriate visit. Else clarify, thank you.' (Site from DM). DataPoint Verified.	(b) (4), (b) (6)	13 Nov 2020 05:32:00
User closed query 'Please reconcile that there is COVID assessment forms beginning 28Sep20 but there is no Illness visit entered for this time period. Please correct ASAP.' (Site from CRA). Query 'Please reconcile that there is COVID assessment forms beginning 28Sep20 but there is no Illness visit entered for this time period. Please correct ASAP.' answered with 'updated' (Site from CRA).	(b) (4), (b) (6)	06 Nov 2020 17:19:50
Query 'Per GCL Lab Reconciliation: SARS-CoV-2 serum sample: sample dated 28 SEP 2020 is reported under Illness Visit Day 1 in PPD Central lab, however the same is missing in EDC. Please review if the sample has been collected then update the details under appropriate visit. Else clarify, thank you.' answered with 'updated' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 04:10:16
User opened query 'Please reconcile that there is COVID assessment forms beginning 28Sep20 but there is no Illness visit entered for this time period. Please correct ASAP.' (Site from CRA).	Jessica Satorie (b) (4)	06 Nov 2020 01:56:28
User opened query 'Per GCL Lab Reconciliation: SARS-CoV-2 serum sample: sample dated 28 SEP 2020 is reported under Illness Visit Day 1 in PPD Central lab, however the same is missing in EDC. Please review if the sample has been collected then update the details under appropriate visit. Else clarify, thank you.' answered with 'updated' (Site from DM).	(b) (4)	06 Nov 2020 01:56:23
User opened query 'Please reconcile that there is COVID assessment forms beginning 28Sep20 but there is no Illness visit entered for this time period. Please correct ASAP.' (Site from CRA).	(b) (4), (b) (6)	30 Oct 2020 14:05:21
User opened query 'Per GCL Lab Reconciliation: SARS-CoV-2 serum sample: sample dated 28 SEP 2020 is reported under Illness Visit Day 1 in PPD Central lab, however the same is missing in EDC. Please review if the sample has been collected then update the details under appropriate visit. Else clarify, thank you.' (Site from DM).	(b) (4), (b) (6)	28 Oct 2020 08:41:38
User entered '28 Sep 2020'	Jessica Satorie (b) (4)	07 Oct 2020 23:13:27
	(b) (4)	

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

[Time of Contact](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:20:03
User entered '14:00'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered '28 Sep 2020 14:00'	System	07 Oct 2020 23:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

[Type of Contact](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:20:03
User closed query 'Data is required. Please complete.' (Site from System).	System	07 Oct 2020 23:13:35
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	07 Oct 2020 23:13:35
User entered 'Clinic Visit - Scheduled (Clinic Visit - Scheduled)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 23:13:35
User opened query 'Data is required. Please complete.' (Site from System).	System	07 Oct 2020 23:13:27
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 23:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:20:03
User entered 'Yes (Y)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User closed query 'Per CDM: it appears Contact Date and Day 11 Date are the same: 28SEP2020. Please review and confirm 28SEP2020 is the initial date of symptoms or update symptom dates accordingly.' (Site from DM).	(b) (4), (b) (6)	24 Nov 2020 13:46:10
Query 'Per CDM: it appears Contact Date and Day 11 Date are the same: 28SEP2020. Please review and confirm 28SEP2020 is the initial date of symptoms or update symptom dates accordingly.' answered with 'contact date was 28SEP2020. Symptoms started on 18sep2020 patient did not notify staff of symptoms until her visit on 28SEP2020.' (Site from DM).	Jessica Satorie (b) (4)	09 Nov 2020 23:00:36
User opened query 'Per CDM: it appears Contact Date and Day 11 Date are the same: 28SEP2020. Please review and confirm 28SEP2020 is the initial date of symptoms or update symptom dates accordingly.' (Site from DM).	(b) (4)	
User closed query 'Please verify and enter Days 11-14 per protocol. If symptoms remained past Illness D14 those must be entered as well.' (Site from CRA).	(b) (4), (b) (6)	06 Nov 2020 06:24:18
Query 'Please verify and enter Days 11-14 per protocol. If symptoms remained past Illness D14 those must be entered as well.' answered with 'updated' (Site from CRA).	(b) (4), (b) (6)	06 Nov 2020 04:10:58
User entered 'Day 11 (Day 11)' reason for change: Data Entry Error	(b) (4), (b) (6)	06 Nov 2020 01:03:57
User opened query 'Please verify and enter Days 11-14 per protocol. If symptoms remained past Illness D14 those must be entered as well.' (Site from CRA).	Jessica Satorie (b) (4)	06 Nov 2020 01:03:45
User entered 'Day 1 (Day 1)'	(b) (4)	
	Jessica Satorie (b) (4)	30 Oct 2020 14:07:09
	(b) (4)	07 Oct 2020 23:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '28 Sep 2020'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '99'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	07 Oct 2020 23:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '37.0' C	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 12 (Day 12)' reason for change:	Jessica Satorie (b) (4)	06 Nov 2020 01:03:45
Data Entry Error	(b) (4)	
User entered 'Day 2 (Day 2)'	Jessica Satorie (b) (4)	07 Oct 2020 23:20:16
	(b) (4)	

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '29 Sep 2020'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '100'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '99.0' F	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 13 (Day 13)' reason for change:	Jessica Satorie (b) (4)	06 Nov 2020 01:03:45
Data Entry Error	(b) (4)	
User entered 'Day 3 (Day 3)'	Jessica Satorie (b) (4)	07 Oct 2020 23:20:16
	(b) (4)	

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '30 Sep 2020'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '99'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.4' F	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 14 (Day 14)' reason for change:	Jessica Satorie (b) (4)	06 Nov 2020 01:03:45
Data Entry Error	(b) (4)	
User entered 'Day 4 (Day 4)'	Jessica Satorie (b) (4)	07 Oct 2020 23:20:16
	(b) (4)	

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '01 Oct 2020'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '99'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.4' F	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 15 (Day 15)' reason for change:	Jessica Satorie (b) (4)	06 Nov 2020 01:03:45
Data Entry Error	(b) (4)	
User entered 'Day 5 (Day 5)'	Jessica Satorie (b) (4)	07 Oct 2020 23:20:16
	(b) (4)	

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '02 Oct 2020'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '99'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.3' F	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 16 (Day 16)' reason for change:	Jessica Satorie (b) (4)	06 Nov 2020 01:03:45
Data Entry Error	(b) (4)	
User entered 'Day 6 (Day 6)'	Jessica Satorie (b) (4)	07 Oct 2020 23:20:16
	(b) (4)	

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '03 Oct 2020'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '99'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.4' F	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:20:16

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 17 (Day 17)' reason for change:	Jessica Satorie (b) (4)	06 Nov 2020 01:03:45
Data Entry Error	(b) (4)	
User entered 'Day 7 (Day 7)'	Jessica Satorie (b) (4)	07 Oct 2020 23:22:32
	(b) (4)	

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '04 Oct 2020'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '99'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.4' F	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 18 (Day 18)' reason for change:	Jessica Satorie (b) (4)	06 Nov 2020 01:03:45
Data Entry Error	(b) (4)	
User entered 'Day 8 (Day 8)'	Jessica Satorie (b) (4)	07 Oct 2020 23:22:32
	(b) (4)	

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '05 Oct 2020'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '99'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.2' F	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 19 (Day 19)' reason for change:	Jessica Satorie (b) (4)	06 Nov 2020 01:03:45
Data Entry Error	(b) (4)	
User entered 'Day 9 (Day 9)'	Jessica Satorie (b) (4)	07 Oct 2020 23:22:32
	(b) (4)	

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '06 Oct 2020'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '99'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.2' F	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 20 (Day 20)' reason for change:	Jessica Satorie (b) (4)	06 Nov 2020 01:03:45
Data Entry Error	(b) (4)	
User entered 'Day 10 (Day 10)'	Jessica Satorie (b) (4)	07 Oct 2020 23:22:32
	(b) (4)	

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User closed query 'Please verify and enter data for this date as it cannot be blank.' (Site from CRA).	(b) (4), (b) (6)	06 Nov 2020 04:11:24
Query 'Please verify and enter data for this date as it cannot be blank.' answered with 'updated' (Site from CRA).	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:05:47
User opened query 'Please verify and enter data for this date as it cannot be blank.' (Site from CRA).	(b) (4), (b) (6)	30 Oct 2020 14:05:51
User entered '07 Oct 2020'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '99' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:05:38
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 01:05:38
User entered empty.	System	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.0' F reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:05:38
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:05:38
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:05:38
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:05:38
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:05:38
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:05:38
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:05:38
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:05:38
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:05:38
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:05:38
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:05:38
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:05:38
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:05:38
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:05:38
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:05:38
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:05:38
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:05:38
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 23:22:32

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 21 (Day 21)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:07:51

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '08 Oct 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:07:51

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:07:51

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '96'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:07:51

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 01:07:51

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.3' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:07:51

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:07:51

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:07:51

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:07:51

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:07:51

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:07:51

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:07:51

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:07:51

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:07:51

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:07:51

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:07:51

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:07:51

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:07:51

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:07:51

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:07:51

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:07:51

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:07:51

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 22 (Day 22)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:08:38

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '09 Oct 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:08:38

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:08:38

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:08:38

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 01:08:38

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.3' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:08:38

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:08:38

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:08:38

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:08:38

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:08:38

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:08:38

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:08:38

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:08:38

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:08:38

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:08:38

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:08:38

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:08:38

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:08:38

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:08:38

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:08:38

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:08:38

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:08:38

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 23 (Day 23)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '10 Oct 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:17

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Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 01:09:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.3' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 24 (Day 24)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '11 Oct 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '99'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 01:09:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.3' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Moderate (Moderate)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:09:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 25 (Day 25)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:10:46

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '12 Oct 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:10:46

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:10:46

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '99'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:10:46

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 01:10:46

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.0' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:10:46

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:10:46

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:10:46

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:10:46

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:10:46

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:10:46

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:10:46

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:10:46

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:10:46

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:10:46

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:10:46

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:10:46

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:10:46

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:10:46

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:10:46

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:10:46

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:10:46

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 26 (Day 26)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:11:20

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '13 Oct 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:11:20

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:11:20

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:11:20

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 01:11:20

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.2' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:11:20

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:11:20

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:11:20

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:11:20

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:11:20

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:11:20

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:11:20

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:11:20

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:11:20

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:11:20

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:11:20

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:11:20

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:11:20

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:11:20

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:11:20

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:11:20

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:11:20

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 27 (Day 27)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '14 Oct 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 01:12:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.0' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 28 (Day 28)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:49

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '17 Oct 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:49

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:49

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:49

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 01:12:49

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.0' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:49

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:49

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:49

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:49

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:49

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:49

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:49

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:49

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:49

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:49

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:49

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:49

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:49

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:49

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:49

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:49

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:12:49

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 29 (Day 29)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '16 Oct 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 01:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.0' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:27

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 30 (Day 30)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:56

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '17 Oct 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:56

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:56

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:56

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 01:13:56

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.0' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:56

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:56

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:56

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:56

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:56

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:56

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:56

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:56

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:56

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:56

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:56

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:56

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:56

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:56

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:56

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:56

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:13:56

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 31 (Day 31)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '18 Oct 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 01:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.0' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:14:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 32 (Day 32)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '19 Oct 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '99'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 01:15:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.0' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:17

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 33 (Day 33)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '20 Oct 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '99'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 01:15:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.0' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:15:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 34 (Day 34)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:16:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '21 Oct 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:16:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:16:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '100'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:16:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 01:16:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.0' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:16:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:16:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:16:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:16:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:16:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:16:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:16:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:16:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:16:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:16:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:16:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:16:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'Mild (Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:16:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:16:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:16:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:16:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:16:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 35 (Day 35)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:17:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '22 Oct 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:17:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:17:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '100'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:17:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 01:17:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '98.0' F	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:17:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:17:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:17:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:17:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:17:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:17:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:17:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:17:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:17:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:17:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:17:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:17:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:17:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:17:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:17:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:17:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'None (None)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:17:07

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 1 (Day 1)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:13

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '18 Sep 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:13

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'I'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:13

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:13

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 01:19:13

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:13

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:13

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:13

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:13

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:13

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:13

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:13

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:13

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:13

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:13

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:13

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:13

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

Runny Nose (Rhinorrhea)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:13

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:13

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:13

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:13

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:13

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 2 (Day 2)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:22

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '19 Sep 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:22

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'I'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:22

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:22

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 01:19:22

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:22

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:22

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:22

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:22

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:22

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:22

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:22

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:22

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:22

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:22

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:22

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:22

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:22

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:22

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:22

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:22

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:22

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 3 (Day 3)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:31

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '20 Sep 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:31

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'I'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:31

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:31

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 01:19:31

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:31

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:31

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:31

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:31

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:31

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:31

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:31

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:31

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:31

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:31

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:31

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:31

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:31

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:31

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:31

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:31

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (28)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:31

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 4 (Day 4)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '21 Sep 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'I'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 01:19:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

Runny Nose (Rhinorrhea)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (29)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:40

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 5 (Day 5)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '22 Sep 2020' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:20:20
User entered '25 Sep 2020'	Jessica Satorie (b) (4)	06 Nov 2020 01:19:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'I'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 01:19:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

Runny Nose (Rhinorrhea)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:19:58

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 6 (Day 6)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '23 Sep 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'I'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 01:20:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (31)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:35

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 7 (Day 7)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:45

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '24 Sep 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:45

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'I'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:45

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:45

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 01:20:45

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:45

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:45

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:45

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:45

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:45

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:45

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:45

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:45

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:45

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:45

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:45

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:45

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:45

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:45

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:45

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:45

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (32)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:45

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 8 (Day 8)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '25 Sep 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'I'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 01:20:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (33)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:20:55

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 9 (Day 9)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:09

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '26 Sep 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:09

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'I'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:09

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:09

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 01:21:09

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:09

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:09

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:09

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:09

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:09

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:09

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:09

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:09

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:09

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:09

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:09

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:09

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:09

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:09

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:09

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:09

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (34)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:09

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 10 (Day 10)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:23

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered '27 Sep 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:23

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered 'I'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:23

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:23

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 01:21:23

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:23

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:23

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:23

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:23

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:23

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:23

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:23

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:23

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:23

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:23

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:23

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:23

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

Runny Nose (Rhinorrhea)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:23

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:23

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:23

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:23

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Symptom Log (35)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:21:08
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:21:23

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Date of Visit](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:22:45
User entered '28 Sep 2020'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:23:04

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Was the Subject Tested For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:22:45
User entered 'Yes (Y)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:23:04

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Did Subject Test Positive For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:22:45
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).	(b) (4), (b) (6)	06 Nov 2020 10:45:25
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 'test was positive. Updated AE page' (Site from System).	Jessica Satorie (b) (4)	06 Nov 2020 00:50:00
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	07 Oct 2020 23:23:04
User entered 'Yes (Y)'	Jessica Satorie (b) (4)	07 Oct 2020 23:23:04

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Date of Test](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:22:45
User entered '28 Sep 2020'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:23:04

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Type of Test Performed](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:22:45
User entered 'Nasopharyngeal Swab (Nasopharyngeal Swab)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:23:04

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:22:45
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:23:04

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[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 17:22:45
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:23:04

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Lab/ Institution Test Performed](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:22:45
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:23:04

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[CLIA Certified?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:22:45
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:23:04

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[COVID-19 Positive \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '1'	System	07 Oct 2020 23:23:04

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

Did the subject have Respiratory Rates \geq 30 per Minute?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

Did the subject have Heart Rate \geq 125 beats per minute

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Heart Rate](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

Did the subject have Oxygen Saturation of SpO2 \leq 93% on room air at sea level?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User closed query 'Data is required. Please complete.' (Site from System).	System	07 Oct 2020 23:25:16
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	07 Oct 2020 23:25:16
User entered 'No (N)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 23:25:16
User opened query 'Data is required. Please complete.' (Site from System).	System	07 Oct 2020 23:25:03
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Oxygen Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

Did the subject have PaO2/FIO2 Ratio < 300 mm Hg?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

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[PaO2](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

Did the subject have Respiratory failure?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

Did the subject have Acute Respiratory Distress Syndrome (ARDS)?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User closed query 'Data is required. Please complete.' (Site from System).	System	07 Oct 2020 23:25:16
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	07 Oct 2020 23:25:16
User entered 'No (N)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	07 Oct 2020 23:25:16
User opened query 'Data is required. Please complete.' (Site from System).	System	07 Oct 2020 23:25:03
User entered empty.	Jessica Satorie (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[High-Flow Oxygen?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Non-Invasive Ventilation?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

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[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Mechanical Ventilation?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

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[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
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US3002031

Folder: Covid-19 Assessment 28 Sep 2020

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Generated On: 26 Nov 2020 08:39:22

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[ECMO?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

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[Start Date](#)

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[End Date](#)

Audit	User	Time (GMT)
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User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

Systolic Blood Pressure < 90 mmHg, Diastolic Blood Pressure < 60 mmHg

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

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[Start Date](#)

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DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
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[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Evidence of Shock Requires
Vasopressors](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

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[Start Date](#)

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US3002031

Folder: Covid-19 Assessment 28 Sep 2020

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[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Acute Renal Dysfunction?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Hepatic Dysfunction?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Neurologic Dysfunction?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

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[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Clinical Evidence](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered 'Yes (Y)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Date of Assessment](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered '09 Sep 2020'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Radiographical Evidence](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

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[Date of Assessment](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Admission to an intensive care unit due to SARS-CoV-2](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:23:21
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:25:03

US3002031

Folder: Covid-19 Assessment 28 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 08:39:22

[Generate Next COVID-19 Assessment](#)

Audit	User		Time (GMT)
User entered 'No (N)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	(b) (4)	06 Nov 2020 00:44:44
User entered 'Yes (Y)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	(b) (4)	06 Nov 2020 00:44:32
User entered 'No (N)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	(b) (4)	06 Nov 2020 00:44:26
User entered 'Yes (Y)'	Jessica Satorie (b) (4)	(b) (4)	06 Nov 2020 00:38:32

US3002031

Folder: Illness Visit (1)

Form: Saliva Collection (1)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 3 (Day 3)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:53:58

US3002031

Folder: Illness Visit (1)

Form: Saliva Collection (1)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:53:58

US3002031

Folder: Illness Visit (1)

Form: Saliva Collection (1)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:53:58

US3002031

Folder: Illness Visit (1)

Form: Saliva Collection (2)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 5 (Day 5)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:53:58

US3002031

Folder: Illness Visit (1)

Form: Saliva Collection (2)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:53:58

US3002031

Folder: Illness Visit (1)

Form: Saliva Collection (2)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:53:58

US3002031

Folder: Illness Visit (1)

Form: Saliva Collection (3)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 7 (Day 7)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:53:58

US3002031

Folder: Illness Visit (1)

Form: Saliva Collection (3)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:53:58

US3002031

Folder: Illness Visit (1)

Form: Saliva Collection (3)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:53:58

US3002031

Folder: Illness Visit (1)

Form: Saliva Collection (4)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 9 (Day 9)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:53:58

US3002031

Folder: Illness Visit (1)

Form: Saliva Collection (4)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:53:58

US3002031

Folder: Illness Visit (1)

Form: Saliva Collection (4)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:53:58

US3002031

Folder: Illness Visit (1)

Form: Saliva Collection (5)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 14 (Day 14)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:53:58

US3002031

Folder: Illness Visit (1)

Form: Saliva Collection (5)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:53:58

US3002031

Folder: Illness Visit (1)

Form: Saliva Collection (5)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:53:58

US3002031

Folder: Illness Visit (1)

Form: Saliva Collection (6)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 21 (Day 21)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:53:58

US3002031

Folder: Illness Visit (1)

Form: Saliva Collection (6)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:53:58

US3002031

Folder: Illness Visit (1)

Form: Saliva Collection (6)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:53:58

US3002031

Folder: Illness Visit (1)

Form: Saliva Collection (7)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 28 (Day 28)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:53:58

US3002031

Folder: Illness Visit (1)

Form: Saliva Collection (7)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:53:58

US3002031

Folder: Illness Visit (1)

Form: Saliva Collection (7)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:53:58

US3002031

Folder: Illness Visit (2)

Form: Saliva Collection (1)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 3 (Day 3)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:54:57

US3002031

Folder: Illness Visit (2)

Form: Saliva Collection (1)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:54:57

US3002031

Folder: Illness Visit (2)

Form: Saliva Collection (1)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:54:57

US3002031

Folder: Illness Visit (2)

Form: Saliva Collection (2)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 5 (Day 5)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:54:57

US3002031

Folder: Illness Visit (2)

Form: Saliva Collection (2)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:54:57

US3002031

Folder: Illness Visit (2)

Form: Saliva Collection (2)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:54:57

US3002031

Folder: Illness Visit (2)

Form: Saliva Collection (3)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 7 (Day 7)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:54:57

US3002031

Folder: Illness Visit (2)

Form: Saliva Collection (3)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:54:57

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Folder: Illness Visit (2)

Form: Saliva Collection (3)

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[Date of Collection](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:54:57

US3002031

Folder: Illness Visit (2)

Form: Saliva Collection (4)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 9 (Day 9)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:54:57

US3002031

Folder: Illness Visit (2)

Form: Saliva Collection (4)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:54:57

US3002031

Folder: Illness Visit (2)

Form: Saliva Collection (4)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:54:57

US3002031

Folder: Illness Visit (2)

Form: Saliva Collection (5)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 14 (Day 14)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:54:57

US3002031

Folder: Illness Visit (2)

Form: Saliva Collection (5)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:54:57

US3002031

Folder: Illness Visit (2)

Form: Saliva Collection (5)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:54:57

US3002031

Folder: Illness Visit (2)

Form: Saliva Collection (6)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 21 (Day 21)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:54:57

US3002031

Folder: Illness Visit (2)

Form: Saliva Collection (6)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:54:57

US3002031

Folder: Illness Visit (2)

Form: Saliva Collection (6)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:54:57

US3002031

Folder: Illness Visit (2)

Form: Saliva Collection (7)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 28 (Day 28)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:54:57

US3002031

Folder: Illness Visit (2)

Form: Saliva Collection (7)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:54:57

US3002031

Folder: Illness Visit (2)

Form: Saliva Collection (7)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:54:57

US3002031

Folder: Illness Visit (3)

Form: Saliva Collection (1)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
User closed query 'Per CDM: Please confirm no Saliva Samples were collected.' (Site from DM).	(b) (4), (b) (6)	20 Nov 2020 11:55:30
Query 'Per CDM: Please confirm no Saliva Samples were collected.' answered with 'Subject did not return saliva samples. reminded at each call but did not bring in' (Site from DM).	Jessica Satorie (b) (4)	09 Nov 2020 23:10:07
User opened query 'Per CDM: Please confirm no Saliva Samples were collected.' (Site from DM).	(b) (4)	
User accepted default value 'Day 3 (Day 3)'	Jessica Satorie (b) (4)	06 Nov 2020 00:59:40
	(b) (4)	

US3002031

Folder: Illness Visit (3)

Form: Saliva Collection (1)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:59:40

US3002031

Folder: Illness Visit (3)

Form: Saliva Collection (1)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:59:40

US3002031

Folder: Illness Visit (3)

Form: Saliva Collection (2)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 5 (Day 5)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:59:40

US3002031

Folder: Illness Visit (3)

Form: Saliva Collection (2)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:59:40

US3002031

Folder: Illness Visit (3)

Form: Saliva Collection (2)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:59:40

US3002031

Folder: Illness Visit (3)

Form: Saliva Collection (3)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 7 (Day 7)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:59:40

US3002031

Folder: Illness Visit (3)

Form: Saliva Collection (3)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:59:40

US3002031

Folder: Illness Visit (3)

Form: Saliva Collection (3)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:59:40

US3002031

Folder: Illness Visit (3)

Form: Saliva Collection (4)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 9 (Day 9)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:59:40

US3002031

Folder: Illness Visit (3)

Form: Saliva Collection (4)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:59:40

US3002031

Folder: Illness Visit (3)

Form: Saliva Collection (4)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:59:40

US3002031

Folder: Illness Visit (3)

Form: Saliva Collection (5)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 14 (Day 14)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:59:40

US3002031

Folder: Illness Visit (3)

Form: Saliva Collection (5)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:59:40

US3002031

Folder: Illness Visit (3)

Form: Saliva Collection (5)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:59:40

US3002031

Folder: Illness Visit (3)

Form: Saliva Collection (6)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 21 (Day 21)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:59:40

US3002031

Folder: Illness Visit (3)

Form: Saliva Collection (6)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:59:40

US3002031

Folder: Illness Visit (3)

Form: Saliva Collection (6)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:59:40

US3002031

Folder: Illness Visit (3)

Form: Saliva Collection (7)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 28 (Day 28)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:59:40

US3002031

Folder: Illness Visit (3)

Form: Saliva Collection (7)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:59:40

US3002031

Folder: Illness Visit (3)

Form: Saliva Collection (7)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:59:40

US3002031

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Was this visit performed?](#)

Audit	User	Time (GMT)
User closed query 'Per CDM: It appears there is an Unscheduled Visit with the same date as this visit. Please reconcile and make all appropriate updates. (NOTE: no results are recorded on Diagnostic Form).' (Site from DM).	(b) (4), (b) (6)	08 Nov 2020 19:31:07
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:27:11
Query 'Per CDM: It appears there is an Unscheduled Visit with the same date as this visit. Please reconcile and make all appropriate updates. (NOTE: no results are recorded on Diagnostic Form).' answered with 'unscheduled visit removed. covid assessment page frozen. Please unfreeze and I will add all forms' (Site from DM).	Jessica Satorie (b) (4)	06 Nov 2020 00:48:43
User opened query 'Per CDM: It appears there is an Unscheduled Visit with the same date as this visit. Please reconcile and make all appropriate updates. (NOTE: no results are recorded on Diagnostic Form).' (Site from DM).	(b) (4), (b) (6)	04 Oct 2020 21:13:58
User entered 'Yes (Y)'	(b) (4), (b) (6)	14 Aug 2020 13:02:43

US3002031

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
User closed query 'Per GCL Lab Reconciliation: Swab: Sample dated 03 AUG 2020 is reported under Illness Visit Day 1 in PPD Central lab, however, the same is missing in EDC. Please review if the sample has been collected then update the details under appropriate visit, else clarify. ' (Site from DM). DataPoint Verified.	(b) (4), (b) (6)	18 Nov 2020 10:13:28
Query 'Per GCL Lab Reconciliation: Swab: Sample dated 03 AUG 2020 is reported under Illness Visit Day 1 in PPD Central lab, however, the same is missing in EDC. Please review if the sample has been collected then update the details under appropriate visit, else clarify. ' answered with 'Swab was collected unable to enter until assessment page is unfroze' (Site from DM).	Jessica Satorie (b) (4)	06 Nov 2020 00:50:28
User opened query 'Per GCL Lab Reconciliation: Swab: Sample dated 03 AUG 2020 is reported under Illness Visit Day 1 in PPD Central lab, however, the same is missing in EDC. Please review if the sample has been collected then update the details under appropriate visit, else clarify. ' (Site from DM).	(b) (4), (b) (6)	29 Oct 2020 05:32:45
User entered '03 Aug 2020'	(b) (4), (b) (6)	14 Aug 2020 13:02:43

US3002031

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[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 17:27:02
User entered 'Clinic (Clinic)'	(b) (4), (b) (6)	14 Aug 2020 13:02:43

US3002031

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'SICKD1'	System	14 Aug 2020 13:02:43

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:27:51
User entered 'Yes (Y)'	(b) (4), (b) (6)	14 Aug 2020 13:03:32

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:27:51
User entered '03 Aug 2020'	(b) (4), (b) (6)	14 Aug 2020 13:03:32

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Time of assessment \(00:00-23:59\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:27:51
User entered '16:38'	(b) (4), (b) (6)	14 Aug 2020 13:03:32

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '03 Aug 2020 16:38'	System	14 Aug 2020 13:03:32

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Height \(xxx.x\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:27:51
User entered '169' cm	(b) (4), (b) (6)	14 Aug 2020 13:03:32
DataPoint set to visible.	System	14 Aug 2020 13:02:43

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Weight (xxx.x)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:27:51
User entered '137.3' kg	(b) (4), (b) (6)	14 Aug 2020 13:03:32
DataPoint set to visible.	System	14 Aug 2020 13:02:43

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Temperature (xxx.x)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:27:51
User entered '37.0' C	(b) (4), (b) (6)	14 Aug 2020 13:03:32

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Route of measurement](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:27:51
User entered 'Oral (Oral)'	(b) (4), (b) (6)	14 Aug 2020 13:03:32

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[If Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:27:51
User entered empty.	(b) (4), (b) (6)	14 Aug 2020 13:03:32

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:27:51
User entered '70'	(b) (4), (b) (6)	14 Aug 2020 13:03:32

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	14 Aug 2020 13:03:32

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:27:51
User entered '16'	(b) (4), (b) (6)	14 Aug 2020 13:03:32

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	14 Aug 2020 13:03:32

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:27:51
User entered '130'	(b) (4), (b) (6)	14 Aug 2020 13:03:32

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	14 Aug 2020 13:03:32

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:27:51
User entered '86'	(b) (4), (b) (6)	14 Aug 2020 13:03:32

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	14 Aug 2020 13:03:32

US3002031

Folder: Illness Visit Day 1 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:28:01
User entered 'Yes (Y)'	(b) (4), (b) (6)	14 Aug 2020 13:03:46

US3002031

Folder: Illness Visit Day 1 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:28:01
User entered '03 Aug 2020'	(b) (4), (b) (6)	14 Aug 2020 13:03:46

US3002031

Folder: Illness Visit Day 1 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 08:39:22

[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 17:28:10
User entered 'Yes (Y)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 22:44:30

US3002031

Folder: Illness Visit Day 1 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:28:10
User entered '03 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 22:44:30

US3002031

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Was this visit performed?](#)

Audit	User	Time (GMT)
User closed query 'Per GCL Lab Reconciliation: SARS-CoV-2 serum sample: sample dated 28 SEP 2020 is reported under Illness Visit Day 1 in PPD Central lab, however the same is missing in EDC. Please review if the sample has been collected then update the details under appropriate visit. Else clarify, thank you.' (Site from DM).	(b) (4), (b) (6)	13 Nov 2020 05:37:12
Query 'Per GCL Lab Reconciliation: SARS-CoV-2 serum sample: sample dated 28 SEP 2020 is reported under Illness Visit Day 1 in PPD Central lab, however the same is missing in EDC. Please review if the sample has been collected then update the details under appropriate visit. Else clarify, thank you.' answered with 'updated illness visit 3' (Site from DM).	Jessica Satorie (b) (4)	06 Nov 2020 01:00:28
User opened query 'Per GCL Lab Reconciliation: SARS-CoV-2 serum sample: sample dated 28 SEP 2020 is reported under Illness Visit Day 1 in PPD Central lab, however the same is missing in EDC. Please review if the sample has been collected then update the details under appropriate visit. Else clarify, thank you.' (Site from DM).	(b) (4), (b) (6)	28 Oct 2020 08:24:32
User entered 'Yes (Y)'	(b) (4), (b) (6)	02 Sep 2020 12:41:13

US3002031

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Visit date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User closed query 'Per GCL Reconciliation: Collection Date (25AUG2020) and Accession Number were received and the Viracor data has subject ID as "US3003031" and the GCL data has subject ID as "US3002031". Please verify the correct subject ID for this Collection Date and Accession number.' (Site from DM).	(b) (4), (b) (6)	18 Nov 2020 11:33:27
Query 'Per GCL Reconciliation: Collection Date (25AUG2020) and Accession Number were received and the Viracor data has subject ID as "US3003031" and the GCL data has subject ID as "US3002031". Please verify the correct subject ID for this Collection Date and Accession number.' answered with 'subject ID should be US3002031. updated with lab' (Site from DM).	Jessica Satorie (b) (4)	06 Nov 2020 01:01:00
User opened query 'Per GCL Reconciliation: Collection Date (25AUG2020) and Accession Number were received and the Viracor data has subject ID as "US3003031" and the GCL data has subject ID as "US3002031". Please verify the correct subject ID for this Collection Date and Accession number.' (Site from DM).	(b) (4), (b) (6)	02 Nov 2020 07:05:01
User entered '25 Aug 2020'	(b) (4), (b) (6)	02 Sep 2020 12:41:13

US3002031

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Was visit performed at the participant's home or at the clinic?](#)

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	(b) (4), (b) (6)	02 Sep 2020 12:41:13

US3002031

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'SICKD1'	System	02 Sep 2020 12:41:13

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	02 Sep 2020 12:42:02

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '25 Aug 2020'	(b) (4), (b) (6)	02 Sep 2020 12:42:02

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
User entered '16:22'	(b) (4), (b) (6)	02 Sep 2020 12:42:02

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '25 Aug 2020 16:22'	System	02 Sep 2020 12:42:02

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Height \(xxx.x\)](#)

Audit	User	Time (GMT)
User entered '173.0' cm	(b) (4), (b) (6)	02 Sep 2020 12:42:02
DataPoint set to visible.	System	02 Sep 2020 12:41:13

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Weight \(xxx.x\)](#)

Audit	User	Time (GMT)
User entered '135.9' kg	(b) (4), (b) (6)	02 Sep 2020 12:42:02
DataPoint set to visible.	System	02 Sep 2020 12:41:13

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '37.2' C	(b) (4), (b) (6)	02 Sep 2020 12:42:02

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	(b) (4), (b) (6)	02 Sep 2020 12:42:02

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 12:42:02

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '88'	(b) (4), (b) (6)	02 Sep 2020 12:42:02

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	02 Sep 2020 12:42:02

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered '16'	(b) (4), (b) (6)	02 Sep 2020 12:42:02

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	02 Sep 2020 12:42:02

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '118'	(b) (4), (b) (6)	02 Sep 2020 12:42:02

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	02 Sep 2020 12:42:02

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '82'	(b) (4), (b) (6)	02 Sep 2020 12:42:02

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	02 Sep 2020 12:42:02

US3002031

Folder: Illness Visit Day 1 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	02 Sep 2020 12:43:04

US3002031

Folder: Illness Visit Day 1 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '25 Aug 2020'	(b) (4), (b) (6)	02 Sep 2020 12:43:04

US3002031

Folder: Illness Visit Day 1 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 08:39:22

Was Blood Sample Taken for Immunologic Assessment of SARS_COV-2 Infection?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	02 Sep 2020 12:43:26

US3002031

Folder: Illness Visit Day 1 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered '25 Aug 2020'	(b) (4), (b) (6)	02 Sep 2020 12:43:26

US3002031

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Was this visit performed?](#)

Audit	User	Time (GMT)
User closed query 'Please enter missing Illness D28 visit pages' (Site from CRA).	(b) (4), (b) (6)	07 Nov 2020 00:48:34
Query 'Please enter missing Illness D28 visit pages' answered with 'visit not done yet' (Site from CRA).	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:14:31
User opened query 'Please enter missing Illness D28 visit pages' (Site from CRA).	(b) (4), (b) (6)	06 Nov 2020 04:09:40
User entered 'Yes (Y)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:26:26

US3002031

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Visit date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '28 Sep 2020' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 00:57:48
User entered '25 Aug 2020'	Jessica Satorie (b) (4)	07 Oct 2020 23:26:26

US3002031

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Was visit performed at the participant's home or at the clinic?](#)

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:26:26

US3002031

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'SICKD1'	System	07 Oct 2020 23:26:26

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Were vital signs assessed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:34:11

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User closed query 'The Vital Signs Date is not equal to Visit Date. Please review and reconcile.' (Site from System).	System	06 Nov 2020 00:59:17
Query 'The Vital Signs Date is not equal to Visit Date. Please review and reconcile.' answered by data change (Site from System).	System	06 Nov 2020 00:59:17
User entered '28 Sep 2020' reason for change: Data Entry Error	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:59:17
User opened query 'The Vital Signs Date is not equal to Visit Date. Please review and reconcile.' (Site from System).	System	06 Nov 2020 00:57:48
User entered '25 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:34:11

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
User entered '14:40' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 00:59:17
User entered '16:22'	Jessica Satorie (b) (4)	07 Oct 2020 23:34:11

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '28 Sep 2020 14:40'	System	06 Nov 2020 00:59:17
User entered '25 Aug 2020 16:22'	System	07 Oct 2020 23:34:11

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Height \(xxx.x\)](#)

Audit	User	Time (GMT)
User entered '169.0' cm reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 00:59:17
User entered '173.0' cm	Jessica Satorie (b) (4)	07 Oct 2020 23:34:11
DataPoint set to visible.	System	07 Oct 2020 23:26:26

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Weight (xxx.x)

Audit	User	Time (GMT)
User entered '135.9' kg	Jessica Satorie (b) (4)	07 Oct 2020 23:34:11
DataPoint set to visible.	(b) (4) System	07 Oct 2020 23:26:26

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Temperature \(xxx.x\)](#)

Audit	User	Time (GMT)
User entered '37.0' C reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 00:59:17
User entered '37.2' C	Jessica Satorie (b) (4)	07 Oct 2020 23:34:11

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:34:11

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:34:11

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '86' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 00:59:17
User entered '88'	Jessica Satorie (b) (4)	07 Oct 2020 23:34:11

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	07 Oct 2020 23:34:11

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered '15' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 00:59:17
User entered '16'	Jessica Satorie (b) (4)	07 Oct 2020 23:34:11

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	07 Oct 2020 23:34:11

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Systolic Blood Pressure \(xxx\)](#)

Audit	User	Time (GMT)
User entered '116' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 00:59:17
User entered '118'	Jessica Satorie (b) (4)	07 Oct 2020 23:34:11

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	07 Oct 2020 23:34:11

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Diastolic Blood Pressure \(xxx\)](#)

Audit	User	Time (GMT)
User entered '90' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 00:59:17
User entered '82'	Jessica Satorie (b) (4)	07 Oct 2020 23:34:11

US3002031

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	07 Oct 2020 23:34:11

US3002031

Folder: Illness Visit Day 1 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Was the physical examination performed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:34:34

US3002031

Folder: Illness Visit Day 1 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
User closed query 'The Physical Examination Date is not equal to Visit Date. Please review and reconcile.' (Site from System).	System	06 Nov 2020 01:56:42
User entered '28 Sep 2020' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:56:42
User opened query 'The Physical Examination Date is not equal to Visit Date. Please review and reconcile.' (Site from System).	System	06 Nov 2020 00:59:24
User closed query 'The Physical Examination Date is not equal to Visit Date. Please review and reconcile.' (Site from System).	System	06 Nov 2020 00:59:24
User entered '28 Aug 2020' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 00:59:24
User opened query 'The Physical Examination Date is not equal to Visit Date. Please review and reconcile.' (Site from System).	System	06 Nov 2020 00:57:48
User entered '25 Aug 2020'	Jessica Satorie (b) (4)	07 Oct 2020 23:34:34

US3002031

Folder: Illness Visit Day 1 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 08:39:22

[Was Blood Sample Taken for Immunologic Assessment of SARS_COV-2 Infection?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:34:48

US3002031

Folder: Illness Visit Day 1 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User closed query 'Please verify as date of illness visit was 28Sep2020' (Site from CRA).	(b) (4), (b) (6)	06 Nov 2020 15:13:58
Query 'Please verify as date of illness visit was 28Sep2020' answered with 'updated' (Site from CRA).	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:13:43
User entered '28 Sep 2020' reason for change: Data Entry Error	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 15:11:49
User opened query 'Please verify as date of illness visit was 28Sep2020' (Site from CRA).	(b) (4), (b) (6)	06 Nov 2020 15:08:29
User entered '28 Aug 2020' reason for change: Data Entry Error	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 00:59:31
User entered '25 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	07 Oct 2020 23:34:48

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	24 Nov 2020 15:22:38

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Visit date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '23 Nov 2020'	(b) (4), (b) (6)	24 Nov 2020 15:22:38

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

Was visit performed at the participant's home or at the clinic?

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	(b) (4), (b) (6)	24 Nov 2020 15:22:38

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'SICKD28'	System	24 Nov 2020 15:22:38

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	24 Nov 2020 15:23:11

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '23 Nov 2020'	(b) (4), (b) (6)	24 Nov 2020 15:23:11

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
User entered '16:45'	(b) (4), (b) (6)	24 Nov 2020 15:23:11

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '23 Nov 2020 16:45'	System	24 Nov 2020 15:23:11

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Height \(xxx.x\)](#)

Audit	User	Time (GMT)
User entered '169.9' cm	(b) (4), (b) (6)	24 Nov 2020 15:23:11
DataPoint set to visible.	System	24 Nov 2020 15:22:38

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Weight (xxx.x)

Audit	User	Time (GMT)
User entered '134.6' kg	(b) (4), (b) (6)	24 Nov 2020 15:23:11
DataPoint set to visible.	System	24 Nov 2020 15:22:38

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '37.0' C	(b) (4), (b) (6)	24 Nov 2020 15:23:11

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	(b) (4), (b) (6)	24 Nov 2020 15:23:11

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	24 Nov 2020 15:23:11

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '80'	(b) (4), (b) (6)	24 Nov 2020 15:23:11

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	24 Nov 2020 15:23:11

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered '16'	(b) (4), (b) (6)	24 Nov 2020 15:23:11

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	24 Nov 2020 15:23:11

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '118'	(b) (4), (b) (6)	24 Nov 2020 15:23:11

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	24 Nov 2020 15:23:11

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '80'	(b) (4), (b) (6)	24 Nov 2020 15:23:11

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	24 Nov 2020 15:23:11

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	24 Nov 2020 15:23:28

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '23 Nov 2020'	(b) (4), (b) (6)	24 Nov 2020 15:23:28

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 08:39:22

[Was Blood Sample Taken for Immunologic Assessment of SARS_COV-2 Infection?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	24 Nov 2020 15:23:45

US3002031

Folder: Convalescence Visit Day 28 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered '23 Nov 2020'	(b) (4), (b) (6)	24 Nov 2020 15:23:45

US3002031

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 08:39:22

[Did the participant experience any adverse events?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:43
User entered 'Yes (Y)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	17 Sep 2020 20:57:49
User entered 'No (N)' reason for change: Data Entry Error	(b) (4)	
	(b) (4), (b) (6)	02 Sep 2020 15:57:48
User entered 'Yes (Y)'	(b) (4), (b) (6)	01 Sep 2020 21:54:32

US3002031

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[AEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:35:36
User entered 'USA-US005-2020-mRNA-1273-P301000003'	System	30 Sep 2020 13:35:19
User entered 'New'	(b) (4), (b) (6)	30 Sep 2020 13:35:19

US3002031

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Adverse event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User coded data point as SOC: Infections and infestations, HLGT: Infections - pathogen unspecified, HLT: Lower respiratory tract and lung infections, PT: Pneumonia, LLT: Pneumonia - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	29 Sep 2020 19:33:41
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	29 Sep 2020 19:33:41
Data point term sent to Coder	System	29 Sep 2020 19:32:55
User entered 'Pneumonia'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

US3002031

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Was this a medically-attended AE?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'Yes (Y)'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

US3002031

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Was this a Solicited Adverse Reaction?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

US3002031

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Is this event a confirmed diagnosis of Symptomatic Covid-19?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'Yes (Y)'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

US3002031

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '09 Sep 2020'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

US3002031

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Start time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

US3002031

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[AE start date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	29 Sep 2020 19:32:48

US3002031

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

US3002031

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

If not Ongoing, end date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '12 Sep 2020'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

US3002031

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[End time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

US3002031

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[AE End Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	29 Sep 2020 19:32:48

US3002031

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Severity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'Grade 2/Moderate (Grade 2/Moderate)'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

US3002031

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Is the adverse event serious?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'Yes (Y)'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

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[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

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[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

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[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '1'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

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[Hospital Admission Date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '09 Sep 2020'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

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Hospital Discharge Date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '12 Sep 2020'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

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[Admitted to ICU?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

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[Number of Days in ICU](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

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[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

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[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

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[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

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[Relationship to investigational product](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User closed query 'Data is required. Please complete.' (Site from System).	System	30 Sep 2020 15:29:18
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	30 Sep 2020 15:29:18
User entered 'Not Related (NOT RELATED)' reason for change: Data Entry Error	Tiffany Nemecek (b) (4)	30 Sep 2020 15:29:18
User opened query 'Data is required. Please complete.' (Site from System).	(b) (4)	
User entered empty.	System	29 Sep 2020 19:32:48
	Jessica Satorie (b) (4)	29 Sep 2020 19:32:48
	(b) (4)	

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[Relationship to Study Procedure](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User closed query 'Data is required. Please complete.' (Site from System).	System	30 Sep 2020 15:29:18
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	30 Sep 2020 15:29:18
User entered 'Not Related (NOT RELATED)' reason for change: Data Entry Error	Tiffany Nemecek (b) (4)	30 Sep 2020 15:29:18
User opened query 'Data is required. Please complete.' (Site from System).	(b) (4)	
User entered empty.	System	29 Sep 2020 19:32:48
	Jessica Satorie (b) (4)	29 Sep 2020 19:32:48
	(b) (4)	

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Action taken with investigational product

Audit	User	Time (GMT)
User entered 'Not Applicable (NOT APPLICABLE)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	23 Nov 2020 16:52:41
User closed query 'Action Taken with Investigational Product is Withdrawn, however Primary reason for Dosing Discontinuation is NOT AE (specify) or SAE (specify). Please review and reconcile.' (Site from System).	(b) (4), (b) (6)	18 Nov 2020 22:31:40
User closed query 'PV Query: Please confirm the action taken with study medication. Currently study drug was listed as "withdrawn" due to symptomatic COVID-19 (onset date 18 Sep 2020) with action taken listed as "not applicable" to earlier events of pneumonia (onset date 09 Sep 2020) and COVID-like illness (onset 28 Jul 2020).' (Site from Safety).	(b) (4), (b) (6)	18 Nov 2020 18:08:15
Query 'Action Taken with Investigational Product is Withdrawn, however Primary reason for Dosing Discontinuation is NOT AE (specify) or SAE (specify). Please review and reconcile.' answered with 'answered per query. IP withdrawn due to pneumonia' (Site from System).	(b) (4), (b) (6)	17 Nov 2020 16:02:25
Query 'PV Query: Please confirm the action taken with study medication. Currently study drug was listed as "withdrawn" due to symptomatic COVID-19 (onset date 18 Sep 2020) with action taken listed as "not applicable" to earlier events of pneumonia (onset date 09 Sep 2020) and COVID-like illness (onset 28 Jul 2020).' answered with 'data updated' (Site from Safety).	(b) (4), (b) (6)	17 Nov 2020 16:01:44
User opened query 'Action Taken with Investigational Product is Withdrawn, however Primary reason for Dosing Discontinuation is NOT AE (specify) or SAE (specify). Please review and reconcile.' (Site from System).	System	17 Nov 2020 16:01:23
DataPoint Un-verified.	(b) (4), (b) (6)	17 Nov 2020 16:01:23
User entered 'Investigational Product Withdrawn (WITHDRAWN)' reason for change: Data Entry Error	(b) (4), (b) (6)	17 Nov 2020 16:01:23

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Action taken with investigational product

Audit	User	Time (GMT)
User opened query 'PV Query: Please confirm the action taken with study medication. Currently study drug was listed as "withdrawn" due to symptomatic COVID-19 (onset date 18 Sep 2020) with action taken listed as "not applicable" to earlier events of pneumonia (onset date 09 Sep 2020) and COVID-like illness (onset 28 Jul 2020).' (Site from Safety). DataPoint Verified.	(b) (4), (b) (6)	13 Nov 2020 16:44:23
	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User closed query 'Data is required. Please complete.' (Site from System).	System	30 Sep 2020 15:29:18
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	30 Sep 2020 15:29:18
User entered 'Not Applicable (NOT APPLICABLE)' reason for change: Data Entry Error	Tiffany Nemecek (b) (4)	30 Sep 2020 15:29:18
	(b) (4)	
User opened query 'Data is required. Please complete.' (Site from System).	System	29 Sep 2020 19:32:48
User entered empty.	Jessica Satorie (b) (4)	29 Sep 2020 19:32:48
	(b) (4)	

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None

Audit	User	Time (GMT)
User closed query 'Per CDM, CLR re-query: Response noted however, please review if any medication taken and update accordingly. Thank you.' (Site from DM).	(b) (4), (b) (6)	24 Nov 2020 04:31:59
Query 'Per CDM, CLR re-query: Response noted however, please review if any medication taken and update accordingly. Thank you.' answered with 'data correct as entered. ' (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 16:48:26
User opened query 'Per CDM, CLR re-query: Response noted however, please review if any medication taken and update accordingly. Thank you.' (Site from DM).	(b) (4), (b) (6)	20 Nov 2020 17:22:11
User closed query 'Per DM CLR: Serious= YES. However, there is no CM/ConProc recorded during the hospitalization period, and treatment is expected. Please review and ensure that CM/ConProc performed for this serious condition is added in the appropriate eCRFs. Update as applicable. Otherwise, provide comment for no treatment given. ' (Site from DM).	(b) (4), (b) (6)	20 Nov 2020 17:19:00
Query 'Per DM CLR: Serious= YES. However, there is no CM/ConProc recorded during the hospitalization period, and treatment is expected. Please review and ensure that CM/ConProc performed for this serious condition is added in the appropriate eCRFs. Update as applicable. Otherwise, provide comment for no treatment given. ' answered with 'waiting for medical records. Patient does not know what medications she took. ' (Site from DM). DataPoint Verified.	Jessica Satorie (b) (4) (b) (4)	09 Nov 2020 23:06:55
User opened query 'Per DM CLR: Serious= YES. However, there is no CM/ConProc recorded during the hospitalization period, and treatment is expected. Please review and ensure that CM/ConProc performed for this serious condition is added in the appropriate eCRFs. Update as applicable. Otherwise, provide comment for no treatment given. ' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'I'	(b) (4), (b) (6)	06 Nov 2020 06:43:07
	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

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[Concomitant Medication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

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[Concomitant Procedure](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

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[Outcome](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'Recovered/Resolved (RECOVERED/RESOLVED)'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

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[If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:32:48

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[Narrative](#)

Audit	User	Time (GMT)
User closed query 'PV Query: Please send a hospital discharge summary with patient identifiers redacted and subject ID added to Safety_Moderna@iqvia.com or fax to 866.599.1342. Please leave query unanswered until records sent or, if unable to obtain, please state so.' (Site from Safety).	(b) (4), (b) (6)	18 Nov 2020 18:07:43
User closed query 'PV Query: Please provide any relevant laboratory and diagnostic test results. Please include units and reference ranges if applicable.' (Site from Safety).	(b) (4), (b) (6)	18 Nov 2020 18:07:34
User closed query 'PV Query: Please provide treatment given for the event of pneumonia 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. When information becomes available. ' (Site from Safety).	(b) (4), (b) (6)	18 Nov 2020 18:07:28
Query 'PV Query: Please send a hospital discharge summary with patient identifiers redacted and subject ID added to Safety_Moderna@iqvia.com or fax to 866.599.1342. Please leave query unanswered until records sent or, if unable to obtain, please state so.' answered with 'have not received this information yet' (Site from Safety).	(b) (4), (b) (6)	17 Nov 2020 16:04:06
Query 'PV Query: Please provide any relevant laboratory and diagnostic test results. Please include units and reference ranges if applicable.' answered with 'have not received this information yet' (Site from Safety).	(b) (4), (b) (6)	17 Nov 2020 16:03:53
Query 'PV Query: Please provide treatment given for the event of pneumonia 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. When information becomes available. ' answered with 'have not received this information' (Site from Safety).	(b) (4), (b) (6)	17 Nov 2020 16:03:28

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[Narrative](#)

Audit	User	Time (GMT)
User opened query 'PV Query: Please send a hospital discharge summary with patient identifiers redacted and subject ID added to Safety_Moderna@iqvia.com or fax to 866.599.1342. Please leave query unanswered until records sent or, if unable to obtain, please state so.' (Site from Safety).	(b) (4), (b) (6)	13 Nov 2020 16:43:28
User opened query 'PV Query: Please provide any relevant laboratory and diagnostic test results. Please include units and reference ranges if applicable.' (Site from Safety).	(b) (4), (b) (6)	13 Nov 2020 16:43:12
User opened query 'PV Query: Please provide treatment given for the event of pneumonia 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. When information becomes available. ' (Site from Safety).	(b) (4), (b) (6)	13 Nov 2020 16:42:57
User closed query 'PV Query: Please send a hospital discharge summary with patient identifiers redacted and subject ID added to Safety_Moderna@iqvia.com or fax to 866.599.1342. Please leave query unanswered until records sent or, if unable to obtain, please state so.' (Site from Safety).	(b) (4), (b) (6)	10 Nov 2020 15:22:41
Query 'PV Query: Please send a hospital discharge summary with patient identifiers redacted and subject ID added to Safety_Moderna@iqvia.com or fax to 866.599.1342. Please leave query unanswered until records sent or, if unable to obtain, please state so.' answered with 'Records release faxed. Awaiting records.' (Site from Safety).	Jessica Satorie (b) (4)	09 Nov 2020 23:07:14
User closed query 'PV Query: Please provide treatment given for the event of pneumonia 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 17:32:30

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[Narrative](#)

Audit	User	Time (GMT)
User closed query 'PV Query: Please provide any relevant laboratory and diagnostic test results. Please include units and reference ranges if applicable.' (Site from Safety).	(b) (4), (b) (6)	09 Nov 2020 17:32:20
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
Query 'PV Query: Please provide any relevant laboratory and diagnostic test results. Please include units and reference ranges if applicable.' answered with 'none available.' (Site from Safety).	Jessica Satorie (b) (4)	06 Nov 2020 01:47:25
Query 'PV Query: Please provide treatment given for the event of pneumonia 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 'unknown awaiting medical records' (Site from Safety).	Jessica Satorie (b) (4)	06 Nov 2020 01:47:04
User opened query 'PV Query: Please provide any relevant laboratory and diagnostic test results. Please include units and reference ranges if applicable.' (Site from Safety).	(b) (4), (b) (6)	06 Oct 2020 19:47:24
User opened query 'PV Query: Please provide treatment given for the event of pneumonia 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)	06 Oct 2020 19:47:14
User opened query 'PV Query: Please send a hospital discharge summary with patient identifiers redacted and subject ID added to Safety_Moderna@iqvia.com or fax to 866.599.1342. Please leave query unanswered until records sent or, if unable to obtain, please state so.' (Site from Safety).	(b) (4), (b) (6)	06 Oct 2020 19:46:51
User closed query 'AE Serious is Yes but SAE Narrative is missing. Please provide.' (Site from System).	System	30 Sep 2020 15:29:49

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[Narrative](#)

Audit	User	Time (GMT)
Query 'AE Serious is Yes but SAE Narrative is missing. Please provide.' answered by data change (Site from System).	System	30 Sep 2020 15:29:49
User entered 'Pt. was hospitalized for pneumonia' reason for change: Data Entry Error	Tiffany Nemecek (b) (4)	30 Sep 2020 15:29:49
User opened query 'AE Serious is Yes but SAE Narrative is missing. Please provide.' (Site from System).	(b) (4)	
User entered empty.	System	29 Sep 2020 19:32:48
	Jessica Satorie (b) (4)	29 Sep 2020 19:32:48
	(b) (4)	

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[Serious Adverse Event Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered 'I'	System	29 Sep 2020 19:32:48

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[Medically Attended AE Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered 'I'	System	29 Sep 2020 19:32:48

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[Admitted to ICU Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	29 Sep 2020 19:32:48

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[AEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:36:22
User entered 'USA-US005-2020-mRNA-1273-P301000003'	(b) (4), (b) (6)	30 Sep 2020 13:36:17

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[Adverse event](#)

Audit	User	Time (GMT)
User closed query 'Per CDM: please consider updating to COVID-19' (Site from DM).	(b) (4), (b) (6)	18 Nov 2020 06:56:52
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)	17 Nov 2020 16:06:49
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	(b) (4)	17 Nov 2020 16:06:49
Data point term sent to Coder	System	17 Nov 2020 16:05:40
Query 'Per CDM: please consider updating to COVID-19' answered with 'updated' (Site from DM).	(b) (4), (b) (6)	17 Nov 2020 16:05:03
DataPoint Un-verified.	(b) (4), (b) (6)	17 Nov 2020 16:04:55
Coding entries removed.	(b) (4), (b) (6)	17 Nov 2020 16:04:55
User entered 'COVID-19' reason for change: Data Entry Error	(b) (4), (b) (6)	17 Nov 2020 16:04:55
User opened query 'Per CDM: please consider updating to COVID-19' (Site from DM).	(b) (4), (b) (6)	17 Nov 2020 10:25:26
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
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)	06 Nov 2020 01:32:31
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	(b) (4)	06 Nov 2020 01:32:31
Data point term sent to Coder	System	06 Nov 2020 01:31:17
Coding entries removed.	Jessica Satorie (b) (4)	06 Nov 2020 01:30:32
User entered 'Symptomatic COVID-19' reason for change: Data Entry Error	(b) (4)	06 Nov 2020 01:30:32
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)	29 Sep 2020 23:11:46
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\\23.0.	(b) (4)	29 Sep 2020 23:11:46
Data point term sent to Coder	System	29 Sep 2020 19:34:59
User entered 'COVID-19 Outside Diagnosis'	Jessica Satorie (b) (4)	29 Sep 2020 19:34:42

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[Was this a medically-attended AE?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:34:42

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[Was this a Solicited Adverse Reaction?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:34:42

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[Is this event a confirmed diagnosis of Symptomatic Covid-19?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'Yes (Y)'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:34:42

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Start date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '18 Sep 2020' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:40:53
User entered '02 Sep 2020'	Jessica Satorie (b) (4)	29 Sep 2020 19:34:42

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Start time (00:00-23:59)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:34:42

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[AE start date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	29 Sep 2020 19:34:42

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[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User closed query 'Ongoing is Yes, but End Date is provided. Please correct.' (Site from System).	System	06 Nov 2020 01:29:00
User entered 'No (N)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:29:00
User opened query 'Ongoing is Yes, but End Date is provided. Please correct.' (Site from System).	System	06 Nov 2020 01:28:38
User entered 'Yes (Y)'	Jessica Satorie (b) (4)	29 Sep 2020 19:34:42

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If not Ongoing, end date (dd MMM yyyy)

Audit	User	Time (GMT)
User closed query 'PV Query: Please provide the event end date (when symptoms have resolved).' (Site from Safety).	(b) (4), (b) (6)	09 Nov 2020 17:33:40
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
Query 'PV Query: Please provide the event end date (when symptoms have resolved).' answered with 'updated' (Site from Safety).	Jessica Satorie (b) (4)	06 Nov 2020 01:29:08
User closed query 'Outcome is not Recovered/Resolved, Recovered/Resolved with sequelae or Fatal, but End Date is provided. Please correct.' (Site from System).	System	06 Nov 2020 01:29:00
Query 'Outcome is not Recovered/Resolved, Recovered/Resolved with sequelae or Fatal, but End Date is provided. Please correct.' answered by data change (Site from System).	System	06 Nov 2020 01:29:00
User opened query 'Outcome is not Recovered/Resolved, Recovered/Resolved with sequelae or Fatal, but End Date is provided. Please correct.' (Site from System).	System	06 Nov 2020 01:28:38
User entered '21 Oct 2020' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:28:38
User opened query 'PV Query: Please provide the event end date (when symptoms have resolved).' (Site from Safety).	(b) (4), (b) (6)	06 Oct 2020 19:52:17
User entered empty.	Jessica Satorie (b) (4)	29 Sep 2020 19:34:42

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Folder: Adverse Events

Form: Adverse Events (2)

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[End time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:34:42

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Folder: Adverse Events

Form: Adverse Events (2)

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[AE End Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	29 Sep 2020 19:34:42

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Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 08:39:22

[Severity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'Grade 1/Mild (Grade 1/Mild)'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:34:42

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Folder: Adverse Events

Form: Adverse Events (2)

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[Is the adverse event serious?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:34:42

US3002031

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 08:39:22

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:34:42

US3002031

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 08:39:22

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:34:42

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Folder: Adverse Events

Form: Adverse Events (2)

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[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:34:42

US3002031

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 08:39:22

[Hospital Admission Date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:34:42

US3002031

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 08:39:22

Hospital Discharge Date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:34:42

US3002031

Folder: Adverse Events

Form: Adverse Events (2)

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[Admitted to ICU?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:34:42

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Folder: Adverse Events

Form: Adverse Events (2)

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[Number of Days in ICU](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:34:42

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Folder: Adverse Events

Form: Adverse Events (2)

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[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:34:42

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Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 08:39:22

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:34:42

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Folder: Adverse Events

Form: Adverse Events (2)

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[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:34:42

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Folder: Adverse Events

Form: Adverse Events (2)

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[Relationship to investigational product](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
Amendment Manager: Query closed during migration process because the edit check no longer exists in target version.	System	30 Sep 2020 20:58:32
User closed query 'Data is required. Please complete.' (Site from System).	System	30 Sep 2020 15:33:50
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	30 Sep 2020 15:33:50
User opened query 'Action taken with investigational product is recorded as Withdrawn; however Relationship is not recorded as Related. Please review and reconcile.' (Site from System).	System	30 Sep 2020 15:33:50
User entered 'Not Related (NOT RELATED)' reason for change: Data Entry Error	Tiffany Nemecek (b) (4)	30 Sep 2020 15:33:50
User opened query 'Data is required. Please complete.' (Site from System).	(b) (4)	
User entered empty.	System	29 Sep 2020 19:34:42
	Jessica Satorie (b) (4)	29 Sep 2020 19:34:42
	(b) (4)	

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Folder: Adverse Events

Form: Adverse Events (2)

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[Relationship to Study Procedure](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User closed query 'Data is required. Please complete.' (Site from System).	System	30 Sep 2020 15:33:50
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	30 Sep 2020 15:33:50
User entered 'Not Related (NOT RELATED)' reason for change: Data Entry Error	Tiffany Nemecek (b) (4)	30 Sep 2020 15:33:50
User opened query 'Data is required. Please complete.' (Site from System).	(b) (4)	
User entered empty.	System	29 Sep 2020 19:34:42
	Jessica Satorie (b) (4)	29 Sep 2020 19:34:42
	(b) (4)	

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Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 08:39:22

Action taken with investigational product

Audit	User	Time (GMT)
User closed query 'Action Taken with Investigational Product is Withdrawn, however Primary reason for Dosing Discontinuation is NOT AE (specify) or SAE (specify). Please review and reconcile.' (Site from System).	(b) (4), (b) (6)	16 Nov 2020 08:48:55
Query 'Action Taken with Investigational Product is Withdrawn, however Primary reason for Dosing Discontinuation is NOT AE (specify) or SAE (specify). Please review and reconcile.' answered with 'Withdrawn due to Covid which is the AE' (Site from System).	Jessica Satorie (b) (4)	09 Nov 2020 23:09:04
User opened query 'Action Taken with Investigational Product is Withdrawn, however Primary reason for Dosing Discontinuation is NOT AE (specify) or SAE (specify). Please review and reconcile.' (Site from System).	System	09 Nov 2020 23:07:55
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User closed query 'Per DM CLR: Action Taken with Investigational Product = Investigational Product Withdrawn. However, there is no corresponding End of Study/Study Discontinuation record to match this information. Please update applicable details as appropriate. Otherwise, clarify.' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 09:45:41
Query 'Per DM CLR: Action Taken with Investigational Product = Investigational Product Withdrawn. However, there is no corresponding End of Study/Study Discontinuation record to match this information. Please update applicable details as appropriate. Otherwise, clarify.' answered with 'discontinuation record complete' (Site from DM).	Jessica Satorie (b) (4)	06 Nov 2020 01:42:43
User opened query 'Per DM CLR: Action Taken with Investigational Product = Investigational Product Withdrawn. However, there is no corresponding End of Study/Study Discontinuation record to match this information. Please update applicable details as appropriate. Otherwise, clarify.' (Site from DM).	(b) (4), (b) (6)	24 Oct 2020 14:51:55
User closed query 'Data is required. Please complete.' (Site from System).	System	29 Sep 2020 19:42:19
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	29 Sep 2020 19:42:19

v6.020 DTW (1102)

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Folder: Adverse Events

Form: Adverse Events (2)

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[Action taken with investigational product](#)

Audit	User	Time (GMT)
User entered 'Investigational Product Withdrawn (WITHDRAWN)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	29 Sep 2020 19:42:19
User opened query 'Data is required. Please complete.' (Site from System).	System	29 Sep 2020 19:34:42
User entered empty.	Jessica Satorie (b) (4)	29 Sep 2020 19:34:42

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Folder: Adverse Events

Form: Adverse Events (2)

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[None](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '1'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:34:42

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Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 08:39:22

[Concomitant Medication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:34:42

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Folder: Adverse Events

Form: Adverse Events (2)

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[Concomitant Procedure](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:34:42

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Folder: Adverse Events

Form: Adverse Events (2)

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[Outcome](#)

Audit	User	Time (GMT)
User closed 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). DataPoint Verified.	(b) (4), (b) (6)	09 Nov 2020 17:33:47
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 'updated' (Site from Safety).	Jessica Satorie (b) (4)	06 Nov 2020 01:30:05
User entered 'Recovered/Resolved (RECOVERED/RESOLVED)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:29:00
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)	27 Oct 2020 11:58:51
User entered 'Recovering/Resolving (RECOVERING/RESOLVING)'	Jessica Satorie (b) (4)	29 Sep 2020 19:34:42

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Folder: Adverse Events

Form: Adverse Events (2)

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[If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:34:42

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Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 08:39:22

[Narrative](#)

Audit	User	Time (GMT)
User closed query 'PV Query: As subject tested negative for COVID-19, please consider removing event of symptomatic COVID-19 (as per protocol subject has to have a positive COVID test and be symptomatic). If event is to remain, please explain.' (Site from Safety).	(b) (4), (b) (6)	18 Nov 2020 18:09:09
Query 'PV Query: As subject tested negative for COVID-19, please consider removing event of symptomatic COVID-19 (as per protocol subject has to have a positive COVID test and be symptomatic). If event is to remain, please explain.' answered with 'data updated' (Site from Safety).	(b) (4), (b) (6)	17 Nov 2020 16:05:25
User opened query 'PV Query: As subject tested negative for COVID-19, please consider removing event of symptomatic COVID-19 (as per protocol subject has to have a positive COVID test and be symptomatic). If event is to remain, please explain.' (Site from Safety).	(b) (4), (b) (6)	13 Nov 2020 16:45:47
User closed query 'PV Query: Please provide any relevant laboratory and diagnostic test results. Please include units and reference ranges if applicable.' (Site from Safety).	(b) (4), (b) (6)	09 Nov 2020 17:33:24
User closed query 'PV Query: Please confirm if the subject had any known exposure to COVID-19 or risk factors.' (Site from Safety).	(b) (4), (b) (6)	09 Nov 2020 17:33:11
User closed query 'PV Query: Please complete the Covid-19 Assessments tab, including results of Covid-19 diagnostic test, symptoms log, and severity assessment' (Site from Safety).	(b) (4), (b) (6)	09 Nov 2020 17:33:03
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
Query 'PV Query: Please confirm if the subject had any known exposure to COVID-19 or risk factors.' answered with 'no known exposure' (Site from Safety).	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:34:58
Query 'PV Query: Please provide any relevant laboratory and diagnostic test results. Please include units and reference ranges if applicable.' answered with 'none available' (Site from Safety).	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:34:28

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Folder: Adverse Events

Form: Adverse Events (2)

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[Narrative](#)

Audit	User	Time (GMT)
User entered 'medical records requested, no labs available. Subject was diagnosed with COVID prior to scheduling illness visit.' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:34:00
Query 'PV Query: Please complete the Covid-19 Assessments tab, including results of Covid-19 diagnostic test, symptoms log, and severity assessment' answered with 'assessment tab updated' (Site from Safety).	Jessica Satorie (b) (4)	06 Nov 2020 01:30:44
Query 'PV Query: Please provide treatment given for the event of pneumonia 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.' canceled (Site from Safety).	(b) (4), (b) (6)	12 Oct 2020 11:52:53
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.' canceled (Site from Safety).	(b) (4), (b) (6)	06 Oct 2020 19:52:03
Query 'PV Query: Please provide the event end date (when symptoms have resolved).' canceled (Site from Safety).	(b) (4), (b) (6)	06 Oct 2020 19:52:01
User opened query 'PV Query: Please complete the Covid-19 Assessments tab, including results of Covid-19 diagnostic test, symptoms log, and severity assessment' (Site from Safety).	(b) (4), (b) (6)	06 Oct 2020 19:50:32
User opened query 'PV Query: Please confirm if the subject had any known exposure to COVID-19 or risk factors.' (Site from Safety).	(b) (4), (b) (6)	06 Oct 2020 19:49:59
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)	06 Oct 2020 19:49:38
User opened query 'PV Query: Please provide the event end date (when symptoms have resolved).' (Site from Safety).	(b) (4), (b) (6)	06 Oct 2020 19:49:27

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[Narrative](#)

Audit	User	Time (GMT)
User opened query 'PV Query: Please provide any relevant laboratory and diagnostic test results. Please include units and reference ranges if applicable.' (Site from Safety).	(b) (4), (b) (6)	06 Oct 2020 19:49:11
User opened query 'PV Query: Please provide treatment given for the event of pneumonia 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)	06 Oct 2020 19:48:10
User entered empty.	Jessica Satorie (b) (4) (b) (4)	29 Sep 2020 19:34:42

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Folder: Adverse Events

Form: Adverse Events (2)

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[Serious Adverse Event Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	29 Sep 2020 19:34:42

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Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 08:39:22

[Medically Attended AE Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	29 Sep 2020 19:34:42

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Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[AEID](#)

Audit	User	Time (GMT)
Un-reviewed for Safety.	(b) (4), (b) (6)	19 Nov 2020 13:03:49
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 13:03:49
User entered empty; reason for change New Information	(b) (4), (b) (6)	19 Nov 2020 13:03:49
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
Reviewed for Safety.	(b) (4), (b) (6)	01 Oct 2020 16:45:10
User entered 'USA-US005-2020-mRNA-1273-P301000003'	(b) (4), (b) (6)	01 Oct 2020 16:45:01

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Folder: Adverse Events

Form: Adverse Events (3)

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[Adverse event](#)

Audit	User	Time (GMT)
User coded data point as SOC: Infections and infestations, HLT: Viral infectious disorders, HLT: Coronavirus infections, PT: Suspected COVID-19, LLT: Suspected COVID-19 - version MedDRA\23.0.	Coder Import (b) (4) (b) (4)	20 Nov 2020 19:37:04
User coded data point as Term Coded data point by User: Coder System - version MedDRA\23.0.	Coder Import (b) (4) (b) (4)	20 Nov 2020 19:37:04
Data point term sent to Coder	System	20 Nov 2020 19:21:52
DataPoint Un-verified.	Jessica Satorie (b) (4) (b) (4)	20 Nov 2020 19:21:48
Coding entries removed.	Jessica Satorie (b) (4) (b) (4)	20 Nov 2020 19:21:48
User entered 'suspected covid-19' reason for change: Data Entry Error	Jessica Satorie (b) (4) (b) (4)	20 Nov 2020 19:21:48
Data point term sent to Coder	System	20 Nov 2020 00:34:16
User closed query 'For coding purposes, for term COVID-LIKE ILLNESS, please provide the final diagnosis or enter the symptoms, one per line' (Site from System).	System	20 Nov 2020 00:33:24
Query 'For coding purposes, for term COVID-LIKE ILLNESS, please provide the final diagnosis or enter the symptoms, one per line' answered with 'the ICD-10 code is U07.2' (Site from System).	Jessica Satorie (b) (4) (b) (4)	20 Nov 2020 00:33:24
User opened query 'For coding purposes, for term COVID-LIKE ILLNESS, please provide the final diagnosis or enter the symptoms, one per line' (Site from System).	Coder Import (b) (4) (b) (4)	17 Nov 2020 22:55:02
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User closed query 'Per DM CLR: Please review the dates of this AE as it overlap with the dates of AE #2 (COVID-19). Please reconcile dates and update if appropriate. Otherwise, clarify.' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 09:43:19
Query 'Per DM CLR: Please review the dates of this AE as it overlap with the dates of AE #2 (COVID-19). Please reconcile dates and update if appropriate. Otherwise, clarify.' answered with 'updated date' (Site from DM).	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:45:35
User opened query 'Per DM CLR: Please review the dates of this AE as it overlap with the dates of AE #2 (COVID-19). Please reconcile dates and update if appropriate. Otherwise, clarify.' (Site from DM).	(b) (4), (b) (6)	24 Oct 2020 14:50:34

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Folder: Adverse Events

Form: Adverse Events (3)

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[Adverse event](#)

Audit	User	Time (GMT)
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)	08 Oct 2020 00:33:14
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	08 Oct 2020 00:33:14
Data point term sent to Coder	System	30 Sep 2020 19:44:32
User entered 'COVID like Illness'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:44:13

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Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Was this a medically-attended AE?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'Yes (Y)'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:44:13

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Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Was this a Solicited Adverse Reaction?](#)

Audit	User	Time (GMT)
User closed query 'Per DM CLR: Please review AE term reported as this is not included as one of the solicited AE per protocol section 8.3.4. Review if this should be recorded as Unsolicited event and update this field to NO. Review and update as appropriate. Else, clarify.' (Site from DM).	(b) (4), (b) (6)	10 Nov 2020 10:40:32
Query 'Per DM CLR: Please review AE term reported as this is not included as one of the solicited AE per protocol section 8.3.4. Review if this should be recorded as Unsolicited event and update this field to NO. Review and update as appropriate. Else, clarify.' answered with 'updated' (Site from DM).	Jessica Satorie (b) (4)	09 Nov 2020 22:57:08
DataPoint Un-verified.	Jessica Satorie (b) (4)	09 Nov 2020 22:56:53
User entered 'No (N)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	09 Nov 2020 22:56:53
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User opened query 'Per DM CLR: Please review AE term reported as this is not included as one of the solicited AE per protocol section 8.3.4. Review if this should be recorded as Unsolicited event and update this field to NO. Review and update as appropriate. Else, clarify.' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 06:41:52
User entered 'Yes (Y)'	Tiffany Nemecek (b) (4)	30 Sep 2020 19:44:13

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Folder: Adverse Events

Form: Adverse Events (3)

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[Is this event a confirmed diagnosis of Symptomatic Covid-19?](#)

Audit	User	Time (GMT)
User closed query 'PV Query: A confirmed diagnosis of symptomatic Covid-19 must include a positive Covid-19 test result. If the subject did not have a positive Covid-19 PCR test at the time of this event, please update this response to "No". If the subject did have a positive Covid-19 test result with 14 days of the start of this event, please state so and provide evidence of positive result.' (Site from Safety). DataPoint Verified.	(b) (4), (b) (6)	09 Nov 2020 17:34:36
Query 'PV Query: A confirmed diagnosis of symptomatic Covid-19 must include a positive Covid-19 test result. If the subject did not have a positive Covid-19 PCR test at the time of this event, please update this response to "No". If the subject did have a positive Covid-19 test result with 14 days of the start of this event, please state so and provide evidence of positive result.' answered with 'updated test was negative' (Site from Safety).	Jessica Satorie (b) (4)	06 Nov 2020 01:45:25
User entered 'No (N)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:45:14
User opened query 'PV Query: A confirmed diagnosis of symptomatic Covid-19 must include a positive Covid-19 test result. If the subject did not have a positive Covid-19 PCR test at the time of this event, please update this response to "No". If the subject did have a positive Covid-19 test result with 14 days of the start of this event, please state so and provide evidence of positive result.' (Site from Safety).	(b) (4), (b) (6)	12 Oct 2020 11:54:08
User entered 'Yes (Y)'	Tiffany Nemecek (b) (4)	30 Sep 2020 19:44:13

US3002031

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '28 Jul 2020'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:44:13

US3002031

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

Start time (00:00-23:59)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User closed query 'Per CDM: Site response indicates Start-time is Unknown, however, per page 31 of CCGs, 'if start time is within 24 hours of dosing time, then the field must be completed. Enter the start time of the adverse event 24-hour clock format (HH:MM)'. Thank you.' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 09:43:34
Query 'Per CDM: Site response indicates Start-time is Unknown, however, per page 31 of CCGs, 'if start time is within 24 hours of dosing time, then the field must be completed. Enter the start time of the adverse event 24-hour clock format (HH:MM)'. Thank you.' answered with 'updated' (Site from DM).	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:46:25
User entered '22:00' reason for change: Data Entry Error	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:46:18
User opened query 'Per CDM: Site response indicates Start-time is Unknown, however, per page 31 of CCGs, 'if start time is within 24 hours of dosing time, then the field must be completed. Enter the start time of the adverse event 24-hour clock format (HH:MM)'. Thank you.' (Site from DM).	(b) (4), (b) (6)	20 Oct 2020 17:00:09
User closed query 'Data is required. Please provide.' (Site from System).	(b) (4), (b) (6)	01 Oct 2020 13:26:38
Query 'Data is required. Please provide.' answered with 'Time is unknown' (Site from System).	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:44:29
User opened query 'Data is required. Please provide.' (Site from System).	System	30 Sep 2020 19:44:13
User entered empty.	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:44:13

US3002031

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[AE start date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '28 Jul 2020 22:00'	System	06 Nov 2020 01:46:18
User entered empty.	System	30 Sep 2020 19:44:13

US3002031

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'No (N)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:43:59
Query 'PV Query: Please provide the event end date (when symptoms have resolved).' canceled (Site from Safety).	(b) (4)	
Query 'PV Query: Please provide the event end date (when symptoms have resolved).' canceled (Site from Safety).	(b) (4), (b) (6)	12 Oct 2020 11:55:07
User opened query 'PV Query: Please provide the event end date (when symptoms have resolved).' (Site from Safety).	(b) (4), (b) (6)	06 Oct 2020 19:51:39
User entered 'Yes (Y)'	Tiffany Nemecek (b) (4)	30 Sep 2020 19:44:13
	(b) (4)	

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Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

If not Ongoing, end date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '14 Aug 2020' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:43:59
User entered empty.	Tiffany Nemecek (b) (4)	30 Sep 2020 19:44:13

US3002031

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

End time (00:00-23:59)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User closed query 'Data is required. Please provide.' (Site from System).	(b) (4), (b) (6)	06 Nov 2020 09:43:41
Query 'Data is required. Please provide.' answered with 'time is unknown' (Site from System).	Jessica Satorie (b) (4)	06 Nov 2020 01:44:16
User opened query 'Data is required. Please provide.' (Site from System).	(b) (4)	06 Nov 2020 01:43:59
User entered empty.	System	06 Nov 2020 01:43:59
	Tiffany Nemecek (b) (4)	30 Sep 2020 19:44:13
	(b) (4)	

US3002031

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[AE End Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	30 Sep 2020 19:44:13

US3002031

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Severity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User closed query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 01:43:59
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	06 Nov 2020 01:43:59
User entered 'Grade 1/Mild (Grade 1/Mild)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:43:59
Query 'PV Query: Please provide the severity of the event.' canceled (Site from Safety).	(b) (4), (b) (6)	12 Oct 2020 11:55:04
User opened query 'PV Query: Please provide the severity of the event.' (Site from Safety).	(b) (4), (b) (6)	06 Oct 2020 19:53:13
User opened query 'Data is required. Please complete.' (Site from System).	System	30 Sep 2020 19:44:13
User entered empty.	Tiffany Nemecek (b) (4)	30 Sep 2020 19:44:13

US3002031

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Is the adverse event serious?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'No (N)'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:44:13

US3002031

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:44:13

US3002031

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:44:13

US3002031

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:44:13

US3002031

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Hospital Admission Date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:44:13

US3002031

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Hospital Discharge Date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:44:13

US3002031

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Admitted to ICU?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:44:13

US3002031

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Number of Days in ICU](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:44:13

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Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:44:13

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Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:44:13

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Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:44:13

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Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Relationship to investigational product](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User closed query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 01:43:59
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	06 Nov 2020 01:43:59
User entered 'Not Related (NOT RELATED)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:43:59
User opened query 'Data is required. Please complete.' (Site from System).	System	30 Sep 2020 19:44:13
User entered empty.	Tiffany Nemecek (b) (4)	30 Sep 2020 19:44:13

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Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Relationship to Study Procedure](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User closed query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 01:43:59
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	06 Nov 2020 01:43:59
User entered 'Not Related (NOT RELATED)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	06 Nov 2020 01:43:59
Query 'PV Query: Please provide the relationship to study procedure.' canceled (Site from Safety).	(b) (4), (b) (6)	12 Oct 2020 11:55:00
User opened query 'PV Query: Please provide the relationship to study procedure.' (Site from Safety).	(b) (4), (b) (6)	06 Oct 2020 19:53:39
User opened query 'Data is required. Please complete.' (Site from System).	System	30 Sep 2020 19:44:13
User entered empty.	Tiffany Nemecek (b) (4)	30 Sep 2020 19:44:13

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Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

Action taken with investigational product

Audit	User	Time (GMT)
User closed query 'Per CDM: there are more than 1 record with action of IP Withdrawn. Please review and reconcile as the main reason (only 1 record) for IP Withdrawn should be recorded.' (Site from DM).	(b) (4), (b) (6)	20 Nov 2020 08:35:25
Query 'Per CDM: there are more than 1 record with action of IP Withdrawn. Please review and reconcile as the main reason (only 1 record) for IP Withdrawn should be recorded.' answered with 'updated' (Site from DM).	Jessica Satorie (b) (4) (b) (4)	20 Nov 2020 00:35:03
User entered 'None (NONE)' reason for change: Data Entry Error	Jessica Satorie (b) (4) (b) (4)	20 Nov 2020 00:34:56
User opened query 'Per CDM: there are more than 1 record with action of IP Withdrawn. Please review and reconcile as the main reason (only 1 record) for IP Withdrawn should be recorded.' (Site from DM).	(b) (4), (b) (6)	18 Nov 2020 22:35:05
User closed query 'Action Taken with Investigational Product is Withdrawn, however Primary reason for Dosing Discontinuation is NOT AE (specify) or SAE (specify). Please review and reconcile.' (Site from System).	(b) (4), (b) (6)	18 Nov 2020 22:32:20
User closed query 'PV Query: Please confirm the action taken with study medication. Currently study drug was listed as "withdrawn" due to symptomatic COVID-19 (onset date 18 Sep 2020) with action taken listed as "not applicable" to earlier events of pneumonia (onset date 09 Sep 2020) and COVID-like illness (onset 28 Jul 2020).' (Site from Safety).	(b) (4), (b) (6)	18 Nov 2020 18:10:04
Query 'Action Taken with Investigational Product is Withdrawn, however Primary reason for Dosing Discontinuation is NOT AE (specify) or SAE (specify). Please review and reconcile.' answered with 'answered withdrawn per query' (Site from System).	(b) (4), (b) (6)	17 Nov 2020 16:06:09
Query 'PV Query: Please confirm the action taken with study medication. Currently study drug was listed as "withdrawn" due to symptomatic COVID-19 (onset date 18 Sep 2020) with action taken listed as "not applicable" to earlier events of pneumonia (onset date 09 Sep 2020) and COVID-like illness (onset 28 Jul 2020).' answered with 'data updated' (Site from Safety).	(b) (4), (b) (6)	17 Nov 2020 16:05:56

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Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

Action taken with investigational product

Audit	User	Time (GMT)
User opened query 'Action Taken with Investigational Product is Withdrawn, however Primary reason for Dosing Discontinuation is NOT AE (specify) or SAE (specify). Please review and reconcile.' (Site from System). DataPoint Un-verified.	System	17 Nov 2020 16:05:47
	(b) (4), (b) (6)	17 Nov 2020 16:05:47
User entered 'Investigational Product Withdrawn (WITHDRAWN)' reason for change: Data Entry Error	(b) (4), (b) (6)	17 Nov 2020 16:05:47
User opened query 'PV Query: Please confirm the action taken with study medication. Currently study drug was listed as "withdrawn" due to symptomatic COVID-19 (onset date 18 Sep 2020) with action taken listed as "not applicable" to earlier events of pneumonia (onset date 09 Sep 2020) and COVID-like illness (onset 28 Jul 2020).' (Site from Safety). DataPoint Verified.	(b) (4), (b) (6)	13 Nov 2020 16:47:59
	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User closed query 'Data is required. Please complete.' (Site from System).	System	30 Sep 2020 19:44:42
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	30 Sep 2020 19:44:42
User entered 'Not Applicable (NOT APPLICABLE)' reason for change: Data Entry Error	Tiffany Nemecek (b) (4)	30 Sep 2020 19:44:42
	(b) (4)	
User opened query 'Data is required. Please complete.' (Site from System).	System	30 Sep 2020 19:44:13
User entered empty.	Tiffany Nemecek (b) (4)	30 Sep 2020 19:44:13
	(b) (4)	

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Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[None](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:44:13

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Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Concomitant Medication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '1'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:44:13

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Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Concomitant Procedure](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:44:13

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Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Outcome](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'Recovered/Resolved (RECOVERED/RESOLVED)' reason for change: Data Entry Error	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:43:59
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.' canceled (Site from Safety).	(b) (4), (b) (6)	12 Oct 2020 11:54:51
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)	06 Oct 2020 19:52:52
User entered 'Not Recovered/Not Resolved (NOT RECOVERED/NOT RESOLVED)'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:44:13

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Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:44:13

US3002031

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Narrative](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
Query 'PV Query: Please provide any relevant laboratory and diagnostic test results. Please include units and reference ranges if applicable.' canceled (Site from Safety).	(b) (4), (b) (6)	12 Oct 2020 11:54:46
Query 'PV Query: Please confirm if the subject had any known exposure to COVID-19 or risk factors.' canceled (Site from Safety).	(b) (4), (b) (6)	12 Oct 2020 11:54:44
Query 'PV Query: Please complete the Covid-19 Assessments tab, including results of Covid-19 diagnostic test, symptoms log, and severity assessment' canceled (Site from Safety).	(b) (4), (b) (6)	12 Oct 2020 11:54:42
Query 'PV Query: Please provide treatment given for the event of pneumonia 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.' canceled (Site from Safety).	(b) (4), (b) (6)	12 Oct 2020 11:53:15
User opened query 'PV Query: Please complete the Covid-19 Assessments tab, including results of Covid-19 diagnostic test, symptoms log, and severity assessment' (Site from Safety).	(b) (4), (b) (6)	06 Oct 2020 19:54:09
User opened query 'PV Query: Please confirm if the subject had any known exposure to COVID-19 or risk factors.' (Site from Safety).	(b) (4), (b) (6)	06 Oct 2020 19:53:55
User opened query 'PV Query: Please provide any relevant laboratory and diagnostic test results. Please include units and reference ranges if applicable.' (Site from Safety).	(b) (4), (b) (6)	06 Oct 2020 19:51:17
User opened query 'PV Query: Please provide treatment given for the event of pneumonia 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)	06 Oct 2020 19:51:07
User entered empty.	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:44:13

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Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Serious Adverse Event Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	30 Sep 2020 19:44:13

US3002031

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 08:39:22

[Medically Attended AE Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered 'I'	System	30 Sep 2020 19:44:13

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Adverse event](#)

Audit	User	Time (GMT)
User closed query 'Per MM: Please provide symptoms' (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 14:20:01
User coded data point as SOC: Infections and infestations, HLGT: Viral infectious disorders, HLT: Coronavirus infections, PT: Suspected COVID-19, LLT: Suspected COVID-19 - version MedDRA\23.0.	Coder Import (b) (4) (b) (4)	20 Nov 2020 19:33:15
User coded data point as Term Coded data point by User: Coder System - version MedDRA\23.0.	Coder Import (b) (4) (b) (4)	20 Nov 2020 19:33:15
Data point term sent to Coder	System	20 Nov 2020 19:32:02
Query 'Per MM: Please provide symptoms' answered with 'Updated' (Site from DM).	Jessica Satorie (b) (4) (b) (4)	20 Nov 2020 19:31:45
Coding entries removed.	Jessica Satorie (b) (4) (b) (4)	20 Nov 2020 19:31:38
User entered 'Suspected COVID-19' reason for change: Data Entry Error	Jessica Satorie (b) (4) (b) (4)	20 Nov 2020 19:31:38
User opened query 'Per MM: Please provide symptoms' (Site from DM).	(b) (4), (b) (6)	20 Nov 2020 10:37:08
User coded data point as SOC: Infections and infestations, HLGT: Viral infectious disorders, HLT: Viral infections NEC, PT: Respiratory tract infection viral, LLT: Respiratory tract infection viral - version MedDRA\23.0.	Coder Import (b) (4) (b) (4)	12 Nov 2020 23:30:42
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\23.0.	Coder Import (b) (4) (b) (4)	12 Nov 2020 23:30:42
Data point term sent to Coder	System	11 Nov 2020 14:58:08
User closed query 'For coding purposes, for term VIRAL SYNDROME, please specify if this is a Viral Respiratory infection, Urinary tract infection viral or something else. If unknown, please enter symptoms, one per line' (Site from System).	System	11 Nov 2020 14:57:45
Query 'For coding purposes, for term VIRAL SYNDROME, please specify if this is a Viral Respiratory infection, Urinary tract infection viral or something else. If unknown, please enter symptoms, one per line' answered with 'updated' (Site from System).	Jessica Satorie (b) (4) (b) (4)	11 Nov 2020 14:57:45
DataPoint Un-verified.	Jessica Satorie (b) (4) (b) (4)	11 Nov 2020 14:57:37
Coding entries removed.	Jessica Satorie (b) (4) (b) (4)	11 Nov 2020 14:57:37

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Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Adverse event](#)

Audit	User	Time (GMT)
User entered 'VIRAL Respiratory SYNDROME'	Jessica Satorie (b) (4)	11 Nov 2020 14:57:37
reason for change: Data Entry Error	(b) (4)	
User opened query 'For coding purposes, for term	Coder Import (b) (4)	11 Nov 2020 13:38:11
VIRAL SYNDROME, please specify if this is a Viral	(b) (4)	
Respiratory infection, Urinary tract infection viral or		
something else. If unknown, please enter symptoms,		
one per line' (Site from System).		
User coded data point as SOC: Infections and	Coder Import (b) (4)	09 Nov 2020 15:01:33
infestations, HLGT: Viral infectious disorders, HLT:	(b) (4)	
Viral infections NEC, PT: Viral infection, LLT: Viral		
syndrome - version MedDRA\\23.0.		
User coded data point as Term Coded data point by	Coder Import (b) (4)	09 Nov 2020 15:01:33
User: Coder System - version MedDRA\\23.0.	(b) (4)	
Data point term sent to Coder	System	09 Nov 2020 15:00:26
Query 'For coding purposes, please clarify/provide	Coder Import (b) (4)	09 Nov 2020 14:59:26
more information for term VIRAL SYNDROME.'	(b) (4)	
canceled (Site from System).		
User coded data point as SOC: Infections and	Coder Import (b) (4)	09 Nov 2020 14:58:47
infestations, HLGT: Viral infectious disorders, HLT:	(b) (4)	
Viral infections NEC, PT: Viral infection, LLT: Viral		
syndrome - version MedDRA\\23.0.		
User coded data point as Term Coded data point by	Coder Import (b) (4)	09 Nov 2020 14:58:47
User: Coder System - version MedDRA\\23.0.	(b) (4)	
User opened query 'For coding purposes, please	Coder Import (b) (4)	07 Nov 2020 20:57:54
clarify/provide more information for term VIRAL	(b) (4)	
SYNDROME.' (Site from System).		
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User coded data point as SOC: Infections and	Coder Import (b) (4)	06 Nov 2020 01:52:29
infestations, HLGT: Viral infectious disorders, HLT:	(b) (4)	
Viral infections NEC, PT: Viral infection, LLT: Viral		
syndrome - version MedDRA\\23.0.		
User coded data point as Term Coded data point by	Coder Import (b) (4)	06 Nov 2020 01:52:29
User: Coder System - version MedDRA\\23.0.	(b) (4)	
Data point term sent to Coder	System	06 Nov 2020 01:52:19
User entered 'viral syndrome'	Jessica Satorie (b) (4)	06 Nov 2020 01:52:01
	(b) (4)	

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Was this a medically-attended AE?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Was this a Solicited Adverse Reaction?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Is this event a confirmed diagnosis of Symptomatic Covid-19?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '21 Aug 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Start time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[AE start date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

If not Ongoing, end date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '01 Sep 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[End time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[AE End Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Severity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'Grade 1/Mild (Grade 1/Mild)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Is the adverse event serious?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'No (N)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

Hospital Admission Date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

Hospital Discharge Date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Admitted to ICU?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Number of Days in ICU](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Relationship to investigational product](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'Not Related (NOT RELATED)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Relationship to Study Procedure](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'Not Related (NOT RELATED)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

Action taken with investigational product

Audit	User	Time (GMT)
Query 'Per CDM re-query: As per the response, Action taken with investigational product can be recorded as IP withdrawn. Please review and update accordingly. Otherwise clarify. Thank you.' canceled (Site from DM).	(b) (4), (b) (6)	24 Nov 2020 06:08:21
User opened query 'Per CDM re-query: As per the response, Action taken with investigational product can be recorded as IP withdrawn. Please review and update accordingly. Otherwise clarify. Thank you.' (Site from DM).	(b) (4), (b) (6)	24 Nov 2020 04:55:16
User closed query 'Per CDM: Action taken with investigational product = Dose delayed. Please note that the Dosing Discontinuation form is completed and the second dose of study treatment was not given. Kindly update this field as appropriate.' (Site from DM).	(b) (4), (b) (6)	24 Nov 2020 04:33:47
Query 'Per CDM: Action taken with investigational product = Dose delayed. Please note that the Dosing Discontinuation form is completed and the second dose of study treatment was not given. Kindly update this field as appropriate.' answered with 'Dose was delayed due to this event the patient later got COVID and was discontinued from treatment' (Site from DM).	Jessica Satorie (b) (4)	20 Nov 2020 00:37:08
User opened query 'Per CDM: Action taken with investigational product = Dose delayed. Please note that the Dosing Discontinuation form is completed and the second dose of study treatment was not given. Kindly update this field as appropriate.' (Site from DM).	(b) (4), (b) (6)	18 Nov 2020 09:55:15
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'Dose Delayed (DOSE DELAYED)'	Jessica Satorie (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[None](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Concomitant Medication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '1'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Concomitant Procedure](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered '0'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Outcome](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered 'Recovered/Resolved (RECOVERED/RESOLVED)'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Narrative](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:56
User entered empty.	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Serious Adverse Event Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	06 Nov 2020 01:52:01

US3002031

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 08:39:22

[Medically Attended AE Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	06 Nov 2020 01:52:01

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 08:39:22

Were any prior/concomitant medications and/or vaccinations taken?

Audit	User	Time (GMT)
User closed query 'Per DM CLR: RQ: Response noted, however, there is still no medication during Diary Dose 1 Day 3 and 5-7 for Headache. Please review and reconcile as appropriate. Otherwise, clarify in query response.' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 10:53:43
Query 'Per DM CLR: RQ: Response noted, however, there is still no medication during Diary Dose 1 Day 3 and 5-7 for Headache. Please review and reconcile as appropriate. Otherwise, clarify in query response.' answered with 'advil listed on cm page take for diary symptoms' (Site from DM).	Jessica Satorie (b) (4)	06 Nov 2020 01:55:56
User opened query 'Per DM CLR: RQ: Response noted, however, there is still no medication during Diary Dose 1 Day 3 and 5-7 for Headache. Please review and reconcile as appropriate. Otherwise, clarify in query response.' (Site from DM).	(b) (4), (b) (6)	05 Oct 2020 08:31:52
User closed query 'Per DM CLR: Per Diary Dose 1 Day 3 & 5-7, Headache (General) = Repeated use of over-the-counter pain reliever > 24 hours or some interference with activity, however, there is no corresponding Conmed recorded that matches this information in the ConMed eCRF page. Please reconcile and update to record the medication given as appropriate, otherwise clarify.' (Site from DM).	(b) (4), (b) (6)	01 Oct 2020 05:07:43
Query 'Per DM CLR: Per Diary Dose 1 Day 3 & 5-7, Headache (General) = Repeated use of over-the-counter pain reliever > 24 hours or some interference with activity, however, there is no corresponding Conmed recorded that matches this information in the ConMed eCRF page. Please reconcile and update to record the medication given as appropriate, otherwise clarify.' answered with 'Corrected' (Site from DM).	Tiffany Nemecek (b) (4)	30 Sep 2020 19:42:51
User entered 'Yes (Y)' reason for change: Data Entry Error	Tiffany Nemecek (b) (4)	30 Sep 2020 19:42:44

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 08:39:22

[Were any prior/concomitant medications and/or vaccinations taken?](#)

Audit	User	Time (GMT)
User opened query 'Per DM CLR: Per Diary Dose 1 Day 3 & 5-7, Headache (General) = Repeated use of over-the-counter pain reliever > 24 hours or some interference with activity, however, there is no corresponding Conmed recorded that matches this information in the ConMed eCRF page. Please reconcile and update to record the medication given as appropriate, otherwise clarify.' (Site from DM). User entered 'No (N)'	(b) (4), (b) (6)	03 Sep 2020 06:49:29
	(b) (4), (b) (6)	02 Sep 2020 15:58:02

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: MUSCULO-SKELETAL SYSTEM, ATC: ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, ATC: ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, NON-STEROIDS, ATC: PROPIONIC ACID DERIVATIVES, PRODUCT: IBUPROFEN, PRODUCTSYNONYM: ADVIL [IBUPROFEN] - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	01 Oct 2020 04:12:39
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	01 Oct 2020 04:12:39
Data point term sent to Coder	System	30 Sep 2020 19:49:44
User entered 'advil'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:49:04

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:49:04

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Indication](#)

Audit	User	Time (GMT)
Query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this time frame. If this specified indication is considered a solicited local, or systemic adverse reaction, and meets any of the following criteria: results in a visit to a healthcare provider (MAAE), leads to withdrawal from the study or study vaccination, or otherwise meets the definition of an SAE, please add an entry and applicable details to the AE eCRF as appropriate. Otherwise, please confirm in query response that the solicited adverse reaction of specified indication did not meet the AE reporting criteria. ' canceled (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 09:59:26
User opened query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this time frame. If this specified indication is considered a solicited local, or systemic adverse reaction, and meets any of the following criteria: results in a visit to a healthcare provider (MAAE), leads to withdrawal from the study or study vaccination, or otherwise meets the definition of an SAE, please add an entry and applicable details to the AE eCRF as appropriate. Otherwise, please confirm in query response that the solicited adverse reaction of specified indication did not meet the AE reporting criteria. ' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 09:58:54
Query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this time frame. If this specified indication is considered a solicited local, or systemic adverse reaction, and meets any of the following criteria: results in a visit to a healthcare provider (MAAE), leads to withdrawal from the study or study vaccination, or otherwise meets the definition of an SAE, please add an entry and applicable details to the AE eCRF as appropriate. Otherwise, please confirm in query response that the solicited adverse reaction of specified indication did not meet the AE reporting criteria. ' canceled (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 09:58:50

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Indication](#)

Audit	User	Time (GMT)
User opened query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this time frame. If this specified indication is considered a solicited local, or systemic adverse reaction, and meets any of the following criteria: results in a visit to a healthcare provider (MAAE), leads to withdrawal from the study or study vaccination, or otherwise meets the definition of an SAE, please add an entry and applicable details to the AE eCRF as appropriate. Otherwise, please confirm in query response that the solicited adverse reaction of specified indication did not meet the AE reporting criteria. ' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 09:58:25
Query 'Per DM CLR: If 'Was this medication taken for solicited event?' = Yes, but the Indication does not reflect one of the Solicited Events (Fever, Injection Site Pain, Redness At Injection Site (Erythema), Headache, Fatigue, Chills, Nausea/Vomiting, Underarm Gland Swelling or Tenderness, Swelling/Hardness at Injection Site, Joint Aches in Several Joints, Muscle Aches All Over Body,). Kindly update the Indication field to specify the type of SAR for this Con Med. Else, clarify' canceled (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 09:58:07
User opened query 'Per DM CLR: If 'Was this medication taken for solicited event?' = Yes, but the Indication does not reflect one of the Solicited Events (Fever, Injection Site Pain, Redness At Injection Site (Erythema), Headache, Fatigue, Chills, Nausea/Vomiting, Underarm Gland Swelling or Tenderness, Swelling/Hardness at Injection Site, Joint Aches in Several Joints, Muscle Aches All Over Body,). Kindly update the Indication field to specify the type of SAR for this Con Med. Else, clarify' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 09:57:28
User entered 'Covid like illness'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:49:04

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '250'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:49:04

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'mg (mg)'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:49:04

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:49:04

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Frequency](#)

Audit	User	Time (GMT)
User entered 'as needed (PRN)'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:49:04

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:49:04

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:49:04

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:49:04

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
User closed query 'Per ETRTR: Please confirm start date and update if required, thanks.' (Site from CRA).	(b) (4), (b) (6)	11 Nov 2020 01:18:54
Query 'Per ETRTR: Please confirm start date and update if required, thanks.' answered with 'correct as entered' (Site from CRA).	Jessica Satorie (b) (4)	06 Nov 2020 01:48:14
User opened query 'Per ETRTR: Please confirm start date and update if required, thanks.' (Site from CRA).	(b) (4)	
User entered '28 Jul 2020'	(b) (4), (b) (6)	02 Oct 2020 15:27:41
	Tiffany Nemecek (b) (4)	30 Sep 2020 19:49:04
	(b) (4)	

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:49:04

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Ongoing?](#)

Audit	User	Time (GMT)
User closed query 'Per DM CLR: Please review if a stop date should be recorded as the corresponding AE has resolved. If yes, please update CM stop date as applicable. Otherwise, provide clarification for continued use of medication.' (Site from DM).	(b) (4), (b) (6)	20 Nov 2020 14:31:44
Query 'Per DM CLR: Please review if a stop date should be recorded as the corresponding AE has resolved. If yes, please update CM stop date as applicable. Otherwise, provide clarification for continued use of medication.' answered with 'data updated' (Site from DM).	(b) (4), (b) (6)	17 Nov 2020 16:07:23
User entered 'No (N)' reason for change: Data Entry Error	(b) (4), (b) (6)	17 Nov 2020 16:07:12
User opened query 'Per DM CLR: Please review if a stop date should be recorded as the corresponding AE has resolved. If yes, please update CM stop date as applicable. Otherwise, provide clarification for continued use of medication.' (Site from DM).	(b) (4), (b) (6)	16 Nov 2020 09:51:13
User entered 'Yes (Y)'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:49:04

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '5 Aug 2020' reason for change: Data Entry Error	(b) (4), (b) (6)	17 Nov 2020 16:07:12
User entered empty.	Tiffany Nemecek (b) (4)	30 Sep 2020 19:49:04
	(b) (4)	

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

Was this medication taken for solicited event?

Audit	User	Time (GMT)
User closed query 'Per DM CLR: Was this medication taken for solicited event? = YES, however, the noted indication is not one of the listed solicited events per protocol. Please confirm and update as appropriate, otherwise clarify.' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 11:08:26
Query 'Per DM CLR: Was this medication taken for solicited event? = YES, however, the noted indication is not one of the listed solicited events per protocol. Please confirm and update as appropriate, otherwise clarify.' answered with 'Covid like illness symptoms are the same symptoms listed on diary' (Site from DM).	Jessica Satorie (b) (4)	06 Nov 2020 01:49:44
User opened query 'Per DM CLR: Was this medication taken for solicited event? = YES, however, the noted indication is not one of the listed solicited events per protocol. Please confirm and update as appropriate, otherwise clarify.' (Site from DM).	(b) (4), (b) (6)	30 Oct 2020 04:49:31
User entered 'Yes (Y)'	Tiffany Nemecek (b) (4)	30 Sep 2020 19:49:04

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	30 Sep 2020 19:49:04

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	30 Sep 2020 19:49:04

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	30 Sep 2020 19:49:04

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 08:39:22

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: MUSCULO-SKELETAL SYSTEM, ATC: ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, ATC: ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, NON-STERIODS, ATC: PROPIONIC ACID DERIVATIVES, PRODUCT: IBUPROFEN - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	30 Sep 2020 19:51:39
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	30 Sep 2020 19:51:39
Data point term sent to Coder	System	30 Sep 2020 19:50:45
User entered 'ibuprofen'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:50:18

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 08:39:22

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:50:18

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 08:39:22

[Indication](#)

Audit	User	Time (GMT)
User closed query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this time frame. Please review Con Med use and add a medical condition and all applicable details to the AE eCRF as appropriate.' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 08:54:47
Query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this time frame. Please review Con Med use and add a medical condition and all applicable details to the AE eCRF as appropriate.' answered with 'updated AE log' (Site from DM).	Jessica Satorie (b) (4)	06 Nov 2020 01:52:23
User opened query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this time frame. Please review Con Med use and add a medical condition and all applicable details to the AE eCRF as appropriate.' (Site from DM).	(b) (4), (b) (6)	30 Oct 2020 04:50:33
User entered 'Viral syndrome'	Tiffany Nemecek (b) (4)	30 Sep 2020 19:50:18

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 08:39:22

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '800'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:50:18

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 08:39:22

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'mg (mg)'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:50:18

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 08:39:22

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:50:18

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 08:39:22

[Frequency](#)

Audit	User	Time (GMT)
User entered 'once (ONCE)'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:50:18

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 08:39:22

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:50:18

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 08:39:22

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:50:18

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 08:39:22

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:50:18

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 08:39:22

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:50:18

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 08:39:22

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:50:18

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 08:39:22

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:50:18

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 08:39:22

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '27 Aug 2020'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:50:18

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 08:39:22

Was this medication taken for solicited event?

Audit	User	Time (GMT)
User closed query 'Per DM CLR: Was this medication taken for solicited event?' = Yes, but the Indication does not reflect one of the Solicited Events for the study (Fever, Injection Site Pain, Redness At Injection Site (Erythema), Headache, Fatigue, Chills, Nausea/Vomiting, Underarm Gland Swelling or Tenderness, Swelling/Hardness at Injection Site, Joint Aches in Several Joints, Muscle Aches All Over Body). Please confirm if data is correct and update eCRFs as appropriate. ' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 08:47:47
Query 'Per DM CLR: Was this medication taken for solicited event?' = Yes, but the Indication does not reflect one of the Solicited Events for the study (Fever, Injection Site Pain, Redness At Injection Site (Erythema), Headache, Fatigue, Chills, Nausea/Vomiting, Underarm Gland Swelling or Tenderness, Swelling/Hardness at Injection Site, Joint Aches in Several Joints, Muscle Aches All Over Body). Please confirm if data is correct and update eCRFs as appropriate. ' answered with 'updated ' (Site from DM).	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:53:17
User entered 'No (N)' reason for change: Data Entry Error	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:50:12
User opened query 'Per DM CLR: Was this medication taken for solicited event?' = Yes, but the Indication does not reflect one of the Solicited Events for the study (Fever, Injection Site Pain, Redness At Injection Site (Erythema), Headache, Fatigue, Chills, Nausea/Vomiting, Underarm Gland Swelling or Tenderness, Swelling/Hardness at Injection Site, Joint Aches in Several Joints, Muscle Aches All Over Body). Please confirm if data is correct and update eCRFs as appropriate. ' (Site from DM).	(b) (4), (b) (6)	29 Oct 2020 15:30:37
User entered 'Yes (Y)'	Tiffany Nemecek (b) (4) (b) (4)	30 Sep 2020 19:50:18

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 08:39:22

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	30 Sep 2020 19:50:18

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 08:39:22

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	30 Sep 2020 19:50:18

US3002031

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 08:39:22

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	30 Sep 2020 19:50:18

US3002031

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Generated On: 26 Nov 2020 08:39:22

[Were any concomitant procedures performed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:37:48
User entered 'No (N)'	Tiffany Nemecek (b) (4) (b) (4)	03 Sep 2020 18:58:32

US3002031

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 08:39:22

[Date of dosing discontinuation \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '28 Sep 2020'	Jessica Satorie (b) (4) (b) (4)	06 Nov 2020 01:39:04

US3002031

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 08:39:22

[Primary reason for dosing discontinuation](#)

Audit	User	Time (GMT)
User closed query 'Per CDM: Please note that there are two AEs recorded with IP Withdrawal and only one is required. Please only record the AE the PI considers the primary AE as IP Withdrawal and ensure the Dosing Discontinuation form has the corresponding AE recorded as well.' (Site from DM).	(b) (4), (b) (6)	24 Nov 2020 06:09:02
Query 'Per CDM: Please note that there are two AEs recorded with IP Withdrawal and only one is required. Please only record the AE the PI considers the primary AE as IP Withdrawal and ensure the Dosing Discontinuation form has the corresponding AE recorded as well.' answered with 'updated AE' (Site from DM).	Jessica Satorie (b) (4)	23 Nov 2020 16:52:51
User opened query 'Per CDM: Please note that there are two AEs recorded with IP Withdrawal and only one is required. Please only record the AE the PI considers the primary AE as IP Withdrawal and ensure the Dosing Discontinuation form has the corresponding AE recorded as well.' (Site from DM).	(b) (4), (b) (6)	20 Nov 2020 11:07:44
User closed query 'Per CDM: Please review and verify if the Primary reason for dosing discontinuation could be recorded as "Due to SARS-COV-2" from the dropdown list provided as per page 42 of CCGs v2.0. Kindly update as appropriate, else clarify.' (Site from DM).	(b) (4), (b) (6)	10 Nov 2020 10:15:06
Query 'Per CDM: Please review and verify if the Primary reason for dosing discontinuation could be recorded as "Due to SARS-COV-2" from the dropdown list provided as per page 42 of CCGs v2.0. Kindly update as appropriate, else clarify.' answered with 'updated' (Site from DM).	Jessica Satorie (b) (4)	09 Nov 2020 23:08:02
User entered 'Due to SARS-COV-2 (COVID)' reason for change: Data Entry Error	Jessica Satorie (b) (4)	09 Nov 2020 23:07:55
User opened query 'Per CDM: Please review and verify if the Primary reason for dosing discontinuation could be recorded as "Due to SARS-COV-2" from the dropdown list provided as per page 42 of CCGs v2.0. Kindly update as appropriate, else clarify.' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 13:51:06
User entered 'AE (specify) (ADVERSE EVENT)'	Jessica Satorie (b) (4)	06 Nov 2020 01:39:04

US3002031

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 08:39:22

If reason is AE, SAE, Physician Decision, Withdrawal of consent by participant, Protocol deviation, or Other, specify

Audit	User	Time (GMT)
User closed query 'Primary reason for dosing discontinuation is not AE, SAE, Physician Decision, Withdrawal of consent by participant, Protocol deviation, or Other, however specify is provided. Please correct.' (Site from System).	System	09 Nov 2020 23:08:07
User entered empty; reason for change Data Entry Error	Jessica Satorie (b) (4)	09 Nov 2020 23:08:07
User opened query 'Primary reason for dosing discontinuation is not AE, SAE, Physician Decision, Withdrawal of consent by participant, Protocol deviation, or Other, however specify is provided. Please correct.' (Site from System).	System	09 Nov 2020 23:07:55
User entered 'Symptom COVID-19'	Jessica Satorie (b) (4)	06 Nov 2020 01:39:04

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'USA-US005-2020-MRNA-1273-P301000003'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Yes (Y)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Yes (Y)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Brandon'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Essink'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Street](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered '3319 N 107th'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: City](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Omaha'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 16:37:31
User entered empty.	Brandon Essink (b) (4) (b) (4)	30 Sep 2020 15:20:27

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered '68134'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator Country](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 16:37:31
User entered 'US'	System	30 Sep 2020 13:38:34

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '7'	System	24 Nov 2020 13:32:19
User entered '6'	System	19 Nov 2020 17:33:28
User entered '5'	System	18 Nov 2020 18:10:42
User entered '4'	System	09 Nov 2020 17:35:19
User entered '3'	System	01 Oct 2020 16:45:45
User entered '2'	System	30 Sep 2020 16:37:48
User entered '1'	System	30 Sep 2020 13:38:34

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'USA-US005-2020-MRNA-1273-P301000003'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Yes (Y)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Yes (Y)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Brandon'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Essink'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Street](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered '3319 N 107th'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: City](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Omaha'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 16:37:31
User entered empty.	Brandon Essink (b) (4) (b) (4)	30 Sep 2020 15:20:27

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered '68134'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator Country](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 16:37:31
User entered 'US'	System	30 Sep 2020 13:38:34

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '7'	System	24 Nov 2020 13:32:19
User entered '6'	System	19 Nov 2020 17:33:28
User entered '5'	System	18 Nov 2020 18:10:42
User entered '4'	System	09 Nov 2020 17:35:19
User entered '3'	System	01 Oct 2020 16:45:45
User entered '2'	System	30 Sep 2020 16:37:48
User entered '1'	System	30 Sep 2020 13:38:34

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 08:39:22

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
User entered '30/Sep/2020 13:38'	System	30 Sep 2020 13:38:34

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 08:39:22

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)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 16:37:31
User entered 'I'	(b) (4), (b) (6)	30 Sep 2020 13:38:34

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'USA-US005-2020-MRNA-1273-P301000003'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Yes (Y)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Yes (Y)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Brandon'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Essink'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Street](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered '3319 N 107th'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: City](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Omaha'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 16:37:31
User entered empty.	Brandon Essink (b) (4) (b) (4)	30 Sep 2020 15:20:27

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered '68134'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator Country](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 16:37:31
User entered 'US'	System	30 Sep 2020 13:38:34

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '7'	System	24 Nov 2020 13:32:19
User entered '6'	System	19 Nov 2020 17:33:28
User entered '5'	System	18 Nov 2020 18:10:42
User entered '4'	System	09 Nov 2020 17:35:19
User entered '3'	System	01 Oct 2020 16:45:45
User entered '2'	System	30 Sep 2020 16:37:48
User entered '1'	System	30 Sep 2020 13:38:34

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form (2)

Generated On: 26 Nov 2020 08:39:22

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
User entered '30/Sep/2020 12:37'	System	30 Sep 2020 16:37:48

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form (2)

Generated On: 26 Nov 2020 08:39:22

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)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	01 Oct 2020 16:45:32
User entered 'I'	(b) (4), (b) (6)	30 Sep 2020 16:37:48

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'USA-US005-2020-MRNA-1273-P301000003'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Yes (Y)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Yes (Y)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Brandon'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Essink'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Street](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered '3319 N 107th'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: City](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Omaha'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 16:37:31
User entered empty.	Brandon Essink (b) (4) (b) (4)	30 Sep 2020 15:20:27

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered '68134'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator Country](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 16:37:31
User entered 'US'	System	30 Sep 2020 13:38:34

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '7'	System	24 Nov 2020 13:32:19
User entered '6'	System	19 Nov 2020 17:33:28
User entered '5'	System	18 Nov 2020 18:10:42
User entered '4'	System	09 Nov 2020 17:35:19
User entered '3'	System	01 Oct 2020 16:45:45
User entered '2'	System	30 Sep 2020 16:37:48
User entered '1'	System	30 Sep 2020 13:38:34

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form (3)

Generated On: 26 Nov 2020 08:39:22

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
User entered '01/Oct/2020 16:45'	System	01 Oct 2020 16:45:45

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form (3)

Generated On: 26 Nov 2020 08:39:22

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)	18 Nov 2020 18:10:28
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
User entered 'I'	(b) (4), (b) (6)	01 Oct 2020 16:45:45

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'USA-US005-2020-MRNA-1273-P301000003'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Yes (Y)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Yes (Y)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Brandon'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Essink'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Street](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered '3319 N 107th'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: City](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Omaha'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 16:37:31
User entered empty.	Brandon Essink (b) (4) (b) (4)	30 Sep 2020 15:20:27

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered '68134'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator Country](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 16:37:31
User entered 'US'	System	30 Sep 2020 13:38:34

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '7'	System	24 Nov 2020 13:32:19
User entered '6'	System	19 Nov 2020 17:33:28
User entered '5'	System	18 Nov 2020 18:10:42
User entered '4'	System	09 Nov 2020 17:35:19
User entered '3'	System	01 Oct 2020 16:45:45
User entered '2'	System	30 Sep 2020 16:37:48
User entered '1'	System	30 Sep 2020 13:38:34

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form (4)

Generated On: 26 Nov 2020 08:39:22

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
User entered '09/Nov/2020 12:35'	System	09 Nov 2020 17:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form (4)

Generated On: 26 Nov 2020 08:39:22

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)	18 Nov 2020 18:10:28
User entered 'I'	(b) (4), (b) (6)	09 Nov 2020 17:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'USA-US005-2020-MRNA-1273-P301000003'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Yes (Y)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Yes (Y)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Brandon'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Essink'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Street](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered '3319 N 107th'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: City](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Omaha'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 16:37:31
User entered empty.	Brandon Essink (b) (4) (b) (4)	30 Sep 2020 15:20:27

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered '68134'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator Country](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 16:37:31
User entered 'US'	System	30 Sep 2020 13:38:34

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '7'	System	24 Nov 2020 13:32:19
User entered '6'	System	19 Nov 2020 17:33:28
User entered '5'	System	18 Nov 2020 18:10:42
User entered '4'	System	09 Nov 2020 17:35:19
User entered '3'	System	01 Oct 2020 16:45:45
User entered '2'	System	30 Sep 2020 16:37:48
User entered '1'	System	30 Sep 2020 13:38:34

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form (5)

Generated On: 26 Nov 2020 08:39:22

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
User entered '18/Nov/2020 13:10'	System	18 Nov 2020 18:10:42

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form (5)

Generated On: 26 Nov 2020 08:39:22

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)	19 Nov 2020 17:33:10
User entered 'I'	(b) (4), (b) (6)	18 Nov 2020 18:10:42

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'USA-US005-2020-MRNA-1273-P301000003'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Yes (Y)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Yes (Y)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Brandon'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Essink'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Street](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered '3319 N 107th'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: City](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Omaha'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 16:37:31
User entered empty.	Brandon Essink (b) (4) (b) (4)	30 Sep 2020 15:20:27

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered '68134'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator Country](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 16:37:31
User entered 'US'	System	30 Sep 2020 13:38:34

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '7'	System	24 Nov 2020 13:32:19
User entered '6'	System	19 Nov 2020 17:33:28
User entered '5'	System	18 Nov 2020 18:10:42
User entered '4'	System	09 Nov 2020 17:35:19
User entered '3'	System	01 Oct 2020 16:45:45
User entered '2'	System	30 Sep 2020 16:37:48
User entered '1'	System	30 Sep 2020 13:38:34

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form (6)

Generated On: 26 Nov 2020 08:39:22

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
User entered '19/Nov/2020 12:33'	System	19 Nov 2020 17:33:28

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form (6)

Generated On: 26 Nov 2020 08:39:22

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)	24 Nov 2020 13:32:10
User entered 'I'	(b) (4), (b) (6)	19 Nov 2020 17:33:28

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'USA-US005-2020-MRNA-1273-P301000003'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Yes (Y)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Yes (Y)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'No (N)'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Brandon'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Essink'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Street](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered '3319 N 107th'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: City](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered 'Omaha'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 16:37:31
User entered empty.	Brandon Essink (b) (4) (b) (4)	30 Sep 2020 15:20:27

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 13:38:27
User entered '68134'	System	30 Sep 2020 13:35:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator Country](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 17:36:34
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 16:37:31
User entered 'US'	System	30 Sep 2020 13:38:34

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '7'	System	24 Nov 2020 13:32:19
User entered '6'	System	19 Nov 2020 17:33:28
User entered '5'	System	18 Nov 2020 18:10:42
User entered '4'	System	09 Nov 2020 17:35:19
User entered '3'	System	01 Oct 2020 16:45:45
User entered '2'	System	30 Sep 2020 16:37:48
User entered '1'	System	30 Sep 2020 13:38:34

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form (7)

Generated On: 26 Nov 2020 08:39:22

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
User entered '24/Nov/2020 13:32'	System	24 Nov 2020 13:32:19

US3002031

Folder: SAE USA-US005-2020-MRNA-1273-P301000003

Form: Safety Report Form (7)

Generated On: 26 Nov 2020 08:39:22

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)	24 Nov 2020 13:32:19