

Have you had any of the COVID -19 symptoms in the last 7 days?



- **FEVER**
- **COUGH**
- **SHORTNESS OF BREATH OR DIFFICULT BREATHING**
- **CHILLS**
- **REPEATED SHAKING WITH CHILLS**
- **MUSCLE PAIN**
- **HEADACHE**
- **SORE THROAT**
- **NEW LOSS OF TASTE OR SMELL**

.... you may qualify for study participation.



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