____White
____Black or African American
____American Indian or Alaskan Native
____Asian
____Native Hawaiian or Other Pacific Islander
____Other (Please Specify) _____
Ethnicity:
____I do not wish to provide this information
____Hispanic or Latino
____Non-Hispanic or Latino
____Other (Please Specify) _____
Smoking Status:
____Current every day smoker
____Current some day smoker
____Former Smoker
____Never Smoker
Do you have any medication allergies?
____No known medication allergies
____Yes (Please list below
Are you currently taking any medications?
____Not currently prescribed any medications
____Yes (Please list below, medication name, dose, how often you take
Dominance:
____Ambidextrous
____Left Hand
____Right hand
Covid 19 Screening Questions:
1. Have you traveled internationally in the past 14 days? Yes ____ No____
2. Have you been in close contact with another person who has been diagnosed with or is under investigation for Covid 19? Yes____ No____
3. Do you have a cough, fever, shortness of breath, or any other flu-like symptoms such as gastrointestinal upset, headache or fatigue? Yes____ No____
4. Have you experienced recent loss of taste or smell? Yes____ No____