

COVID-19 (SARS-CoV-2) Medical Conditions



1 of 4 completed

Form Instructions

Enter all significant medical history items, including history from birth to present. Specify disorder/diagnosis and onset. **For surgeries, specify reason/diagnosis. Do not abbreviate.**

Has the participant ever been diagnosed with COVID-19 (SARS-CoV-2)?

None

Yes

Medical Condition 1

Date of Diagnosis:

Enter the first day of the month if the exact day is unknown.

mm/dd/yyyy



Diagnosis and Description:

Input text

Resolved?

