FORM 9

Medical Facilities near your local Fieldwork Site

Due to potential exposure to COVID-19 through travel and field research, you should be aware of the wide range of symptoms reported ranging from mild symptoms to severe symptoms.

Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

When to seek medical attention

If you are experiencing any of these symptoms, please go to the nearest facility that we have provided based on your fieldwork location:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

Your fieldwork will be at _____. The choice of your medical provider is yours, but recognize that
City/State
there are medical facilities nearby in _____ and _____.
City/State City/State

FACILITY 1 Name: Address: City/State/Zip: Telephone:	
FACILITY 2 Name: Address: City/State/Zip: Telephone:	

Use separate sheet if more room is needed.

I acknowledge and understand the information that has been provided to me.

PRINTED NAME: _____

SIGNATURE: _____