



Place  
NFC  
Sticker  
Here

When ready to acquire face temperature, place sticker location over NFC reader on thermal scanner unit. Do not bend, write on or otherwise damage NFC sticker.

# Data Collection Sheet for Body Temperature Research Study

- Do not record any identifiable information on this sheet. The data collection for this study consists of oral temperature measurements and non-contact temperature measurements and biometric data as below.

- 1) Complete this form before the study begins. Thanks!
- 2) You will receive a letter A, B, C, D. Please proceed to the tent with this letter.
- 3) Once entering the room, scan the NFC sticker attached to the top of this form on the NFC reader inside the room and sit in front of the thermal scanner and receive a series of scans over 10 minutes. A coordinator will assist to ensure you are positioned correctly.
- 4) After the time is complete, a coordinator will open a wall in the tent and place another NFC reader through this hole, for you to scan your NFC sticker on this reader and then acquire a set of 3 scans with the primary thermal scanner attached to this reader.
- 5) After your scan with the primary scanner, there will be several secondary systems next to the primary system. Please proceed to obtain a face scan with each system in turn, following directions provided by study personnel. At this point, you will leave the tent and return to the waiting area.
- 6) Give your form to the study personnel to receive an oral temperature.
- 7) Proceed to the next lettered room (A->B, B->C, C->D, D->A) as directed by a coordinator and repeat steps 3-6.

----- This Section to be Completed by Study Personnel -----

*PRE Oral Temperature:* \_\_\_\_\_ (F)      Has participant felt unwell in last 24 hrs?:  
**yes / no**

Oral Temperature **A**: *quick*:\_\_\_\_\_ (F)      Oral Temperature **C**: *quick*:\_\_\_\_\_ (F)

*long*:\_\_\_\_\_ (F)      *long*:\_\_\_\_\_ (F)

Oral Temperature **B**: *quick*:\_\_\_\_\_ (F)      Oral Temperature **D**: *quick*:\_\_\_\_\_ (F)

*long*:\_\_\_\_\_ (F)      *long*:\_\_\_\_\_ (F)

----- Please Complete The Information On the Back -----

----- Please Complete The Information Below -----

Weight: \_\_\_\_\_ (lbs)      Height: \_\_\_\_\_ (feet, inch)

Age: \_\_\_\_\_ (years)      Gender: \_\_\_\_\_ (M/F/Other)

Please note any medications or treatments within 24 hrs that can alter temperature (thyroid hormones, aspirin, Tylenol®, Advil®, Motrin®, immunizations):

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Time of Last Meal (not including snacks): \_\_\_\_\_.

Time of Last Workout (if in last 4 hours): \_\_\_\_\_.

Energy drinks within last 4 hrs?: **yes / no**

Time of Last Cold Exposure (if in last 2 hours) if any (e.g. a cold shower): \_\_\_\_\_