**Follow-up at Day 4**

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| Was the visit performed? | o Yes  o No |
| Date of Visit | DD-MMM-YYYY |
| If not done, please provide more information |  |
| Did the participant experience any clinical events since last visit? | o Yes  o No |
| If yes, please indicate which events: |
| Emergency room visits due to the clinical worsening of COVID-19 (defined as participant remaining under observation for > 6 hours) | o Yes  o No |
| Hospitalization due to the progression of COVID-19 (defined as worsening of viral pneumonia) or complications related to COVID-19 | o Yes  o No |
| Hospitalization for any cause | o Yes  o No |
| Adverse events (including adverse drug reactions) | o Yes, please complete adverse event log  o No |