

Participant identifier

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Participant initials

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Eligibility Information CRF

1.	Participant's NHS number: _____	
2.	Participant is ≥65 years old, or aged ≥50 with at least one of the comorbidities listed below? • Weakened immune system due to a serious illness or infection • Heart disease or hypertension • Asthma or lung disease • Diabetes not treated with insulin • Mild hepatic impairment • Stroke or neurological problem	Yes ☐ No ☐
3.	Pregnant or planning on becoming pregnant within the next few weeks?	Yes ☐ No ☐
4.	Breastfeeding or planning on starting during the course of the trial?	Yes ☐ No ☐
5.	Has porphyria?	Yes ☐ No ☐
6.	Has type 1 diabetes or insulin dependent type 2 diabetes mellitus?	Yes ☐ No ☐
7.	Has a G6PD deficiency?	Yes ☐ No ☐
8.	Has myasthenia gravis?	Yes ☐ No ☐
9.	Has severe psoriasis?	Yes ☐ No ☐
10.	Has a severe neurological disorder (especially those with a history of epilepsy)?	Yes ☐ No ☐
11.	Has had a previous adverse reaction to any of the following, that you are aware of: • Azithromycin • Chloroquine • Hydroxychloroquine • Any other macrolides or ketolides	Yes ☐ No ☐

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12.	Is currently taking any of the following: • Amiodarone • Azithromycin • Chloroquine • Ciclosporin • Digoxin • Hydroxychloroquine • Penicillamine • Sotalol • Any other macrolides or ketolides • Any ergot derivatives (e.g. bromocriptine, cabergoline, ergotamine, ergometrine, methysergide)	Yes ☐ No ☐
13.	Has a retinal disease (e.g. macular degeneration)?	Yes ☐ No ☐
14.	Has a known severe hepatic impairment?	Yes ☐ No ☐
15.	Has a known severe renal impairment?	Yes ☐ No ☐
16.	Is the patient currently taking antibiotics for an acute condition?	Yes ☐ No ☐
17.	Is the patient currently admitted to hospital?	Yes ☐ No ☐
18.	Known congenital or documented QT prolongation	Yes ☐ No ☐
19.	Allergy to soya or peanuts	Yes ☐ No ☐
20.	Has previously taken part in the PRINCIPLE trial?	Yes ☐ No ☐
21.	Is there any other reason you would exclude this participant? If yes, please provide the reason in the comments box below.	Yes ☐ No ☐
Comments: 		

Completed by: Print name Sign Date __ / __ / __