

SURVEY DATE: _____

COVID-19 Health Status Survey: to be completed *24-hrs prior to arrival* at Keys Marine Laboratory

GROUP LEADER/PI must also complete the **COVID-19 Illness Contingency Plan** (page 2)

NAME: _____ **AFFILIATION:** _____

ANTICIPATED KML ARRIVAL DATE: _____

COVID VIRAL TEST DATE (*within 7-days of arrival*): _____ **TEST NEGATIVE:** _____ **YES**

_____ **I have read and understand the 'FIO Operations COVID Reopening Actions & Expectations'**

COVID-19 Screening Questionnaire	
<p>1. ARE YOU IN A CDC HIGH RISK CATEGORY (Group Lead/PI compile & provide with FURF)?</p> <p>a. Over 65 yoa b. Moderate to Severe Asthma c. HIV positive d. chronic ling disease</p> <p>e. Serious Heart Cond f. Immunocompromised g. Severe obesity h. Liver Disease</p> <p>h. Chronic kidney</p>	<p>Note: 1 ___ YES ___ NO</p>
<p>If "YES", inform Group Lead/PI & KML staff. Follow CDC guidance & seek medical advice. FIO to conduct further risk assessment.</p>	
<p>3. Have you TRAVELED DOMESTICALLY (U.S.) to an area designated by the CDC as a LEVEL II area in the past 14 days? Note: 2 & 4</p>	<p>___ YES ___ NO</p>
<p>If "YES", inform Group Lead/PI & KML staff. Follow CDC guidance & seek medical advice. FIO to conduct further risk assessment.</p>	
<p>4. Have you had CLOSE PERSONAL CONTACT, with anyone who has been diagnosed with COVID-19 in the past 14 days? (per criteria below)</p> <p>a. Within 6 feet for prolonged period. b. In direct contact with infectious secretions (been coughed/sneezed upon, etc.)</p>	<p>___ YES ___ NO</p>
<p>If "YES", inform Group Lead/ PI & KML staff. Follow CDC guidance & seek medical advice. FIO to conduct further risk assessment.</p>	
<p>5. TEMPERATURE CHECK (due to close proximity, screeners should wear cloth face covering or other mask as available):</p> <p>a. If temperature is less than 100°F (37.8°C), allow access. Screening is complete. b. If temperature is equal to or higher than 100°F (37.8°C), inform Group Lead & KML staff, put a clean mask on, and contact/report to designated medical provider.</p> <p>Note:3</p>	
<p>6. Have you been tested previously for COVID-19? ___ YES ___ NO If yes, DATE tested: _____</p>	
<p>Note 1: https://www.cdc.gov/COVID-19/2019-ncov/need-extra-precautions/groups-at-higher-risk.html Note 2: https://www.cdc.gov/COVID-19/2019-ncov/travelers/after-travel-precautions.html Note 3: https://www.cdc.gov/COVID-19/2019-ncov/if-you-are-sick/steps-when-sick.html Note 4: https://www.cdc.gov/COVID-19/2019-ncov/travelers/map-and-travel-notice.html</p>	

COVID-19 Illness Contingency Plan While at KML

Date: _____

If staying on-site: to be completed by Group Leader or PI

Group Leader/PI name & Affiliation:

_____ I have read and understand the 'FIO Operations COVID Reopening Actions & Expectations' and have reviewed the 'Medical Facilities in Monroe County' documents on the [FIO/KML website](#).

_____ All persons in this group are covered by either their home institution insurance or have personal insurance for any necessary medical treatment.

Plans for isolation & quarantine of the individual(s) of concern and/or group until departure:

Plans for diagnostic testing if necessary:

Plans for accessing medical care if needed (local urgent care or hospital, health department, etc):

Plans for safely return to home facility or obtain local off-site housing:

_____ We understand the inherent risks are assumed by our Institution, Group Leader/PI and all individuals, as KML staff cannot offer support in the event of KML closure to isolate and quarantine.

Name of Group Leader/PI

print : _____ sign: _____

To be completed by KML staff

Reviewed and approved (name & date): _____