

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

NAME: \_\_\_\_\_ AFFILIATION: \_\_\_\_\_

ANTICIPATED KML ARRIVAL DATE: \_\_\_\_\_

SURVEY DATE: \_\_\_\_\_ COVID TEST DATE (within 7-days of arrival): \_\_\_\_\_

I have read and understand the 'FIO Operations COVID Reopening Actions & Expectations' \_\_\_\_\_ YES

COVID-19 Screening Questionnaire	
1. <b>ARE YOU IN A CDC HIGH RISK CATEGORY (Chief Scientist compile &amp; provide with cruise plan)?</b> <b>Note: 1</b> _____ YES _____ NO	
a. Over 65 YOA      b. Moderate to Severe Asthma      c. HIV positive      d. Chronic Lung Disease	
e. Serious Heart Cond      f. Immunocompromised      g. Severe obesity      h. Chronic kidney	
i. Liver Disease	
2. <b>IN THE PAST 24 HOURS</b> , have you had any of the following symptoms? _____ YES _____ NO	
a. Fever      b. Cough (not due to allergies)	
c. Sore Throat      d. Shortness of Breath	
e. Loss of smell or taste	
If "YES", inform Chief Scientist & vessel captain. Follow CDC guidance & seek medical advice. FIO to conduct further risk assessment.	
3. Have you <b>TRAVELED DOMESTICALLY</b> (U.S.) to an area designated by the CDC as a LEVEL II area in the past 14 days? <b>Note: 2 &amp; 4</b> _____ YES _____ NO	
If "YES", inform Chief Scientist & vessel captain. Follow CDC guidance & seek medical advice. FIO to conduct further risk assessment.	
4. Have you had <b>CLOSE PERSONAL CONTACT</b> , with anyone who has been _____ YES _____ NO diagnosed with COVID-19 in the past 14 days? (per criteria below)	
a. Within 6 feet for prolonged period.	
b. In direct contact with infectious secretions (been coughed/sneezed upon, etc.)	
If "YES", inform Chief Scientist & vessel captain. Follow CDC guidance & seek medical advice. FIO to conduct further risk assessment.	
5. <b>TEMPERATURE CHECK</b> (due to close proximity, screeners should wear cloth face covering or other mask as available):	
a. <b>If temperature is less than 100°F (37.8°C)</b> , allow access. Screening is complete.	
b. <b>If temperature is equal to or higher than 100°F (37.8°C)</b> , inform Chief Scientist & Marine superintendent, put a clean mask on, and contact/report to designated medical provider. <b>Note:3</b>	
6. <b>Have you been tested previously for COVID-19?</b> _____ YES _____ NO <b>If yes, DATE tested:</b> _____	
Note 1: <a href="https://www.cdc.gov/COVID-19/2019-ncov/need-extra-precautions/groups-at-higher-risk.html">https://www.cdc.gov/COVID-19/2019-ncov/need-extra-precautions/groups-at-higher-risk.html</a>	
Note 2: <a href="https://www.cdc.gov/COVID-19/2019-ncov/travelers/after-travel-precautions.html">https://www.cdc.gov/COVID-19/2019-ncov/travelers/after-travel-precautions.html</a>	
Note 3: <a href="https://www.cdc.gov/COVID-19/2019-ncov/if-you-are-sick/steps-when-sick.html">https://www.cdc.gov/COVID-19/2019-ncov/if-you-are-sick/steps-when-sick.html</a>	
Note 4: <a href="https://www.cdc.gov/COVID-19/2019-ncov/travelers/map-and-travel-notice.html">https://www.cdc.gov/COVID-19/2019-ncov/travelers/map-and-travel-notice.html</a>	

