

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	
1.	ARE YOU IN A CDC HIGH RISK CATEGORY (Group Lead/PI compile & provide with FURF)? a. Over 65 yoa b. Moderate to Severe Asthma c. HIV positive d. chronic ling disease e. Serious Heart Cond f. Immunocompromised g. Severe obesity h. Chronic kidney h. Liver Disease Note: 1 ____ YES ____ NO
2.	IN THE PAST 24 HOURS , have you had any of the following symptoms? ____ YES ____ NO a. Fever b. Sore Throat c. Loss of smell or taste d. Cough (not due to allergies) e. Shortness of Breath
If "YES", inform Group Lead/PI & KML staff. Follow CDC guidance & seek medical advice. FIO to conduct further risk assessment.	
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 ____ YES ____ NO
If "YES", inform Group Lead/PI & KML staff. Follow CDC guidance & seek medical advice. FIO to conduct further risk assessment.	
4.	Have you had CLOSE PERSONAL CONTACT , 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 Group Lead/PI & KML staff. Follow CDC guidance & seek medical advice. FIO to conduct further risk assessment.	
5.	TEMPERATURE CHECK (due to close proximity, screeners should wear cloth face covering or other mask as available): 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. Note:3
6.	Have you been tested previously for COVID-19? ____ YES ____ NO If yes, DATE tested: _____

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>

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): _____