

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

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

COVID-19 Screening Questionnaire	
<p>1. ARE YOU IN A CDC HIGH RISK CATEGORY (Chief Scientist compile & provide with cruise plan)? Note: 1 _____ YES _____ NO</p> <p>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</p> <p>2. IN THE PAST 24 HOURS, have you had any of the following symptoms? _____ YES _____ NO</p> <p>a. Fever b. Cough (not due to allergies) c. Sore Throat d. Shortness of Breath e. Loss of smell or taste</p>	<p>If "YES", inform Chief Scientist & vessel captain. 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 _____ YES _____ NO</p>	<p>If "YES", inform Chief Scientist & vessel captain. 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 _____ YES _____ NO 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>If "YES", inform Chief Scientist & vessel captain. 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 Chief Scientist & Marine superintendent, put a clean mask on, and contact/report to designated medical provider. 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>	