



### COVID-19 Screening Questionnaire (Updated: 7/6/2020)

According to the CDC, people with COVID-19 have had a wide range of symptoms reported, including, but not limited to, cough, shortness of breath, difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, nausea/vomiting, and new loss of taste or smell. These may range from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms or combinations of symptoms may have COVID-19.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Temp: \_\_\_\_\_

#### Emergency Contact:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

#### Please answer the following questions:

I have read and understand Marine Imaging's COVID-19 Policy. <input type="checkbox"/> Yes / <input type="checkbox"/> No	Do you have a cough that you cannot attribute to another health condition? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Do you have a sore throat that you cannot attribute to another health condition? <input type="checkbox"/> Yes / <input type="checkbox"/> No
Do you have a fever? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Do you have recent loss of taste or smell? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Do you have a headache that you cannot attribute to another health condition? <input type="checkbox"/> Yes / <input type="checkbox"/> No
Do you have shortness of breath or trouble breathing that you cannot attribute to another health condition? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Do you have chills or repeated shaking with chills that you cannot attribute to another health condition? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Do you have muscle pain that you cannot attribute to either another health condition, or to exertion from a specific activity such as physical exercise? <input type="checkbox"/> Yes / <input type="checkbox"/> No
Have you travelled by plane, train or bus in the last 14 days? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Have you been in contact with a person known to have COVID-19 in the last 14 days? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Have you traveled, or been in contact with someone who has traveled, to a non-exempt state in the last 14 days? ( <a href="https://www.mass.gov/info-details/travel-information-related-to-covid-19">https://www.mass.gov/info-details/travel-information-related-to-covid-19</a> ) <input type="checkbox"/> Yes / <input type="checkbox"/> No

**Please bring a completed form with you on the day of the charter. This document will be kept private & confidential until 15 days after the end of the project when it will be destroyed.**

Received by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_