

**ABP / DLS / MPSI / Guest / Visitor
Coronavirus (COVID-19) Screening Form**

Date: _____ Time: _____ Reviewed By: _____

Person's Name: _____

Affiliation (circle one): Pilot Employee Customer Guest

Ship Agency: _____ Ship Name: _____

DLS Vessel Name: _____ MPSI Crew: _____

Health Questions		
Within the past 14 days, have you, or anyone you have come in contact with:		
	YES	NO
1) had close contact with anyone diagnosed or suspected of having Coronavirus (COVID-19)?		
2) provided direct care for COVID-19 patients?		
3) visited or stayed in a closed environment with any person having COVID-19 or the symptoms of COVID-19?		
4) worked together in close proximity, or sharing the same environment, person having COVID-19 or the symptoms of COVID-19?		
5) traveled in the past 14 days? <ul style="list-style-type: none"> • If yes, location of travel and when did you return? _____ • Method of travel (car/air/bus/train/etc) _____ 		
6) shown any symptoms of COVID-19, including: <ul style="list-style-type: none"> • Fever greater than 100.4° • Loss of smell or taste • Shortness of breath • Headaches / Body Aches • Coughing / sneezing • Runny nose • Diarrhea • Extreme fatigue 		
Temperature to be taken by ABP/DLS/MPSI personnel		
Recorded temperature of the above individual: Temperature taken by:		
COVID-19 Screening Test		
Test administered by: _____ Date of test: _____		
Were test results positive for COVID-19?	Yes	No

ANY answers marked "Yes" or a temperature of greater than 100.4° need to be immediately reported the Watch Captain and Operations Manager.