

## Pre-Boarding Self Assessment Form: COVID-19

The COVID-19 virus is a newly emerging strain of coronavirus. Recommendations for awareness and prevention of contracting the virus continue to evolve and both VIMS Leadership and Marine Operations continue to monitor these changes regularly.

Symptoms of COVID-19 may include (but are not limited to) fever, cough, sore throat, nausea/vomiting, and difficulty breathing, and it can take up to 14 days for symptoms to show after a person has been infected. For more information and resources about the disease, please visit the CDC website at: <https://www.cdc.gov/coronavirus/2019-ncov/summary.html>

In an attempt to mitigate the possibility of transferring the virus to vessels operated by VIMS, ALL unvaccinated personnel, including outside contractors or vendors, must complete the following form prior to boarding a vessel for any reason. Forms are to be returned to the Captain of the vessel. This form must be completed by each unvaccinated, sea-going cruise participant prior to each cruise or, for those who repeatedly participate in day cruises, at least once every 7 days. Based on the responses provided, additional discussions with the Director of Marine Operations and/or the VIMS Emergency Management Team may be required. These forms will be confidential and will remain on the vessel until the completion of a cruise or visit after which, the form will be destroyed.

<b>Name:</b>
<b>Institution or Business:</b>
<b>Purpose:</b> <input type="checkbox"/> Crew <input type="checkbox"/> Scientist/Researcher <input type="checkbox"/> Technician <input type="checkbox"/> Student <input type="checkbox"/> OTHER:
<b>Date form completed:</b>
<b>Signature:</b>

**Within the last 14 days, have you had any combination of the following symptoms – fever (100.4° F or greater), cough, sore throat, nausea, vomiting or difficulty breathing?**  No, I have not    YES   If Yes, provide details:

\_\_\_\_\_

**Have you had personal contact with anyone who experienced any symptoms of respiratory illness in the last 14 days or who have been confirmed to have had Corona virus (COVID-19)?**

No, I have not    YES   If Yes, provide details: \_\_\_\_\_

\_\_\_\_\_

**Within the last 14 days, have you traveled outside of the United States or have you come into personal contact with anyone who has traveled outside the United States?**  No, I have not    YES   If Yes, LIST ALL COUNTRIES APPLICABLE:

\_\_\_\_\_

*If yes to either question, please provide the date of your return to the United States or the dates of contact:*

\_\_\_\_\_

**Within the last 14 days, have you traveled domestically, outside the state of Virginia?**  No, I have not  YES If Yes, LIST states and mode of travel: \_\_\_\_\_

**Confirm your modes of transportation for the last 14 days (check all that apply):**  Personal Vehicle  Rental Vehicle  Employer Provided Vehicle  Public Transportation  Air  Train  Other  Explain : \_\_\_\_\_

**Have you been practicing social distancing and wearing a face mask when in public spaces for the last 14 days?**

No, I have not  YES

**At this time, would you consider yourself in good health and free of any medical conditions that would constitute a comprised immune system?**

YES  NO If NO, provide details for those conditions you feel comfortable providing: \_\_\_\_\_

**Have you been tested for COVID-19 (PCR test)?**

YES  NO If YES, provide the date, location (city, state) of where the test was administered and the result: \_\_\_\_\_

**I have read the latest version of the VIMS Marine Operations Covid-19 Response Plan**

NO, I have not  YES

*(Plan is available at the VIMS Marine Operations website or hard copies are available on the vessels.)*