



**Marine Science Institute
Infection Prevention and Control Visitor Questionnaire**

Directions: Please complete the questions below completely, sign and date the form, and provide it to the Marine Science Institute. Visitation to the site is NOT PERMITTED until the questionnaire has been reviewed by MSI staff and your risk of infection has been assessed.

1. Have you traveled within the last fourteen (14) days to any of the countries considered to be “restricted” for transmission of COVID-19 purposes (e.g., China, Japan, South Korea, Iran or Italy)?

____ YES ____ NO

2. Do you currently have any signs or symptoms of a respiratory infection (e.g., fever, cough, or sore throat)?

____ YES ____ NO

3. Have you had contact with someone who has or is under investigation for having COVID-19?

____ YES ____ NO

SIGNATURE

PRINTED NAME

DATE

Reviewed by Marine Science Institute Personnel

SIGNATURE

PRINTED NAME

DATE

Visitation Permitted: ____ YES ____ NO