

NATIONAL MARITIME CENTER

VISITOR HEALTH SCREENING

Today's Date: _____ Visitor Name: _____ Visitor Phone #: _____

Time In: _____ Time Out: _____ Visitor Sponsor: _____

PURPOSE OF VISIT

Maintenance Service Interview Industry USCG Other Gov / Other (describe below)

Describe purpose: _____

PRE-ENTRY PROCEDURES

PRE-ENTRY QUESTIONS (Read or e-mail the visitor the following statements)

"All visitors to the NMC must either provide a record of COVID-19 immunization or proof of a negative COVID-19 test from no earlier than 3 days prior to entry of the building."

"In order to minimize the potential introduction of the COVID-19 virus into the NMC building, you will have to consent to a COVID-19 health screening consisting of a few health questions."

"You may be denied entry into the building depending on the results of the health screening."

"The documented results of the health screening will remain confidential and on file at the NMC."

"You will need to bring and wear a face covering or face mask and practice 6-foot social distancing at all times while in the building. The NMC is not able to provide face coverings or masks for visitors."

Upon visitor arrival, complete the following health screening questions / procedures

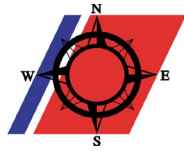
Wearing a face covering or face mask and maintaining 6-foot social distancing at all times, meet the visitor in the building lobby after the visitor has been screened by a guard.

Verify visitor's proof of a COVID-19 immunization or proof of a negative COVID-19 test from no earlier than 3 days prior to entry of the building: ___ Immunization ___ Negative COVID-19 Test

Yes	No	Visually inspect for signs of illness (circle all that apply): Coughing, flushed cheeks, shortness of breath, runny nose, other: _____.
Yes	No	Are you experiencing any of the following symptoms? (circle all that apply): Fever greater than 100.4 F, feeling feverish (chills, sweating), new cough, difficulty breathing / shortness of breath, sore throat, congestion, runny nose, muscle aches or body aches, vomiting, diarrhea, new loss of smell or taste, new confusion, persistent pain or pressure in the chest, inability to wake or stay awake.
Yes	No	Have you tested positive for COVID-19 in the past 10 days?
Yes	No	Within the last 14 days, have you been in contact with anyone who tested positive for COVID-19 or presumptive COVID-19 for more than 10 minutes at less than 6 feet and without wearing an N-95 respirator? (A face covering or mask that the general public wears is NOT considered PPE nor is it a suitable alternative for the N-95 requirement).

NO-ENTRY CRITERIA. If the visitor has answered "YES" to any of the health screening questions politely DENY the visitor entry into the NMC building and ask them to leave the premises. Notify your supervisor and NMC-32, Jessica Altier.

Yes	No	Visitor cleared for entrance into NMC Building?
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ENTRY PROCEDURES

Check		
Yes	No	Visitor is wearing face covering or face mask / informed of 6-foot social distancing / face covering requirements while in the building at all times.
Yes	No	Observe and document any violations of face covering / social distancing requirements. If yes, document below.

DEPARTURE PROCEDURES

Check		
Yes	No	Confirm visitor maintained a 6-foot distance from everyone while in the building.
		Visitor unable to maintain social distancing of more than 6 feet for longer than 10 minutes with the following individual(s): _____
Yes	No	Confirm visitor wore a face covering or face mask at all times while in the building.

Notes & Remarkable Observations