

# COLLECTOR COVID-19 QUESTIONNAIRE

Please complete and return this form to the SAPP Department of Anderson/Kelly Associates prior to conducting any onsite testing services.

## COLLECTION INFO:

Name of Vessel:	Collection Date:
Collection Site:	Collector Name:

## SYMPTOMS AND MEDICAL FACILITIES

PLEASE INDICATE IF YOU HAVE VISITED A MEDICAL FACILITY OR HAVE HAD ANY OF THE LISTED SYMPTOMS IN THE PAST 14 DAYS.

1  Fever  
2  Chills  
3  Cough  
4  Sore throat  
5  Shortness of breath

Yes, I have visited a medical facility.  No, I have not.

IF **YES**, PLEASE CIRCLE BELOW TO INDICATE WHETHER VISIT WAS **ROUTINE** OR DUE TO **ILLNESS**.

**ROUTINE VISIT** **ILLNESS**

## CONTACT

PLEASE INDICATE BELOW IF YOU HAVE HAD CLOSE PERSONAL CONTACT (*WITHIN 6 FEET*) WITH SOMEONE WITH ANY OF THE SYMPTOMS (1-5 IN PREVIOUS QUESTION) IN THE PAST 14 DAYS.

Yes, I have had close personal contact.  No, I have not.

IF **YES**, PLEASE INDICATE THE TYPE OF EXPOSURE BELOW.

In a confined space (cab, small room, shared stateroom, berthing proximity, office, etc.)  
 Had direct contact with infectious secretions (been coughed, sneezed on, etc.)  
 Other : \_\_\_\_\_.

IF **YES**, PLEASE INDICATE THE LENGTH OF EXPOSURE BELOW.

\_\_\_\_\_.

PLEASE INDICATE BELOW IF (*TO YOUR KNOWLEDGE*) THE INDIVIDUAL HAD VISITED ANY MEDICAL FACILITY IN THE PAST 14 DAYS REGARDING THEIR SYMPTOMS.

Yes, they have and received a positive / negative (*circle*) diagnosis.  No, they have not.

## POSSIBLE OUTSIDE CONTACT

PLEASE INDICATE IF YOU HAVE BEEN TO OR HAVE HAD CONTACT WITH SOMEONE FROM THE FOLLOWING RISK COUNTRIES.

China (Including Hong Kong and Macau)  France  Spain  
 Italy  Germany  
 Iran  Japan  
 South Korea  Singapore

## COLLECTOR SIGNATURE

X \_\_\_\_\_.

PLEASE E-MAIL THIS FORM TO:  
E-Mail: [drugtesting@andersonkelly.com](mailto:drugtesting@andersonkelly.com)

Anderson/Kelly Associates, Inc.  
500 International Drive, Suite 205  
Mount Olive, NJ 07828  
Tel: 973-446-2600  
Fax: 973-446-2615

## CAPTAIN COVID-19 QUESTIONNAIRE

Collector, please have captain complete this form, and please return a completed copy of this form to the SAPP Department of Anderson/Kelly Associates.

### COLLECTION INFO:

Name of Vessel:	Collection Date:
Collection Site:	Collector Name:
Captain Name:	Employer Name:

### CREW MEMBER HEALTH

PLEASE CONFIRM ALL CREW MEMBERS ARE PRESENTLY IN GOOD HEALTH AND WITHOUT ANY FLU-LIKE SYMPTOMS, TO YOUR KNOWLEDGE.

Yes, they are in good health.  No, they are not.

IF NO, PLEASE CONTACT ANDERSON/KELLY ASSOCIATES IMMEDIATELY FOR FURTHER INSTRUCTION.

### ROOM CLEANLINESS

PLEASE ENSURE ROOM(S) USED FOR COLLECTION HAS / HAVE BEEN WIPED DOWN WITH DISINFECTANT PRIOR TO COMMENCING COLLECTION.

Yes, they have been cleaned with \_\_\_\_\_ . *(name of disinfectant)*

No, they have not been.

IF NO, PLEASE DO SO PRIOR TO PROCEEDING WITH COLLECTION.

### COLLECTION SITE CLEANLINESS

PLEASE ENSURE CO WORKERS AND CREW MEMBERS WASH THEIR HANDS WITH ANTIBACTERIAL HAND CLEANER PRIOR TO ENTERING THE COLLECTION SITE.

Yes, they have cleaned with \_\_\_\_\_ . *(name of cleaner)*

No, they have not.

### CO WORKER SYMPTOMS

HAVE ANY COWORKERS OR CREW MEMBERS BEEN QUARANTINED FOR FLU-LIKE SYMPTOMS OR SUSPECTED COVID-19?

Yes, they have.  No, they have not.

IF YES, IS / ARE THE COWORKER(S) OR CREW MEMBER(S) STILL ON BOARD THE VESSEL AT THIS TIME?

Yes, they are.  No, they are not.

### CAPTAIN SIGNATURE

x \_\_\_\_\_.

PLEASE E-MAIL THIS FORM TO:  
E-Mail: [drugtesting@andersonkelly.com](mailto:drugtesting@andersonkelly.com)

PLEASE APPOINT AN OFFICER TO BE ON STANDBY NEAR THE COLLECTION SITE SHOULD THERE BE ANY ISSUE WITH CREW MEMBERS.