

Crowley Global Ship Management Vendor COVID-19 Pre-Screening Questionnaire

Contractor Contact Information

Company Name _____

Company Phone Number (please include 24hour number) _____

Company Email: _____

Crowley Vessel Attending for Service _____

Crowley Point of Contact for Requested Service _____

Purchase Order or Invoice Number _____

Screening Questions

1) Is the employee currently exhibiting any of the symptoms listed below? **YES___ or NO___**

- Fever
- Dry cough
- Fatigue
- Productive cough
- Shortness of breath
- Sore throat
- Chills
- Nasal Congestion

2) Has the employee had close personal contact as defined below with anyone who was sick in the past 14 days (symptoms in Question 2), or with a laboratory confirmed ill COVID-19 patient? **YES___ or NO___**

- Within 6 feet
- In a confined space (cab, small room, share stateroom, shared living space, berthing proximity, etc.)
- Had direct contact with infectious secretions (been coughed on, sneezed on, etc.)

Company Representative Completing Questionnaire

Print Name: _____

Signature: _____ Date: _____

**Email completed forms to the Crowley representative ordering the service and to
commercialsmsrecords@crowley.com**