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