

This document is confidential and must not be shared with anyone except employees authorized to receive this information, must be filed with Kaitlin Duignan, and may be accessed by HR, OGC and Risk Management.

Effective Date: 8/6/20
Revised Date: 4/21/21

Wildlife Conservation Society - New York Zoos & Aquarium COVID-19 SCREENING QUESTIONNAIRE

Wildlife Conservation Society (“WCS”) is focused on the health and well-being of everyone at WCS facilities. In view of the novel COVID-19 outbreak, we are taking precautionary measures to keep the workplace safe. Please help us maintain a safe environment by completing this Questionnaire.

Everyone entering on-site, other than ticketed park guests/customers and delivery persons, is required to undergo COVID-19 screening. This questionnaire is suitable for volunteers, professional visitors, contractors and vendors.

Applicable individuals must complete and sign this questionnaire, and submit it to a WCS employee before entering any WCS premises. Any WCS employee receiving this completed questionnaire must send the original paper documents to Kaitlin Duignan.

Any individual answering “Yes” to certain questions below (or refusing to answer) may be prohibited from entering any WCS premises; see the instructions after each question. Anyone permitted to enter WCS premises must follow the guidelines on page 3.

Contact information: Kaitlin Duignan, Manager, Health & Human Services, tel.: 718-220-7109, email: kduignan@wcs.org.

Name:		Date:	
Personal Phone #:		Company Name:	
Person/Dept Visiting:			
Reason For Visiting:			

Questionnaire

Question #1:

(a) Have you had a final COVID-19 vaccination shot at least 14 days prior to today?

Yes No

If you answered “Yes” to this question, skip to question #2.

(b) Within the last 14 days, have you been in close contact with anyone who has been diagnosed as infected with COVID-19, or who is showing COVID-19 symptoms and being screened for COVID-19 as a result?

Yes No

If you answered “Yes” to this question, you must provide WCS with written evidence of a medical provider’s clearance before being allowed access to any WCS premises.

Question #2: Within the last month, have you tested positive for COVID-19 or been diagnosed as COVID-19 positive by a healthcare provider?

Yes No

If you answered "Yes" to this question, you must provide WCS with written evidence of a medical provider's clearance before being allowed access to any WCS premises. If you have been at any WCS premises within the past month and answered "Yes" to this question, immediately contact Kaitlin Duignan.

Question #3:

(a) Are you currently experiencing any of the following significant symptoms of COVID-19: cough, fever, shortness of breath, difficulty breathing or new loss of taste or smell?

Yes No

If you answered "Yes" to this question, you must provide WCS with written evidence of a medical provider's clearance before being allowed access to any WCS premises.

(b) Are you currently experiencing any other symptoms of COVID-19 which include, but are not limited to, chills, fatigue, muscle or body aches, headache, sore throat, congestion, runny nose, nausea, vomiting or diarrhea?

Yes No

If you answered "Yes" to this question, you cannot access any WCS premises until you have experienced 24 hours free of such symptoms.

Question #4: Within the last 10 days, did you return from any international travel, other than returning by land from Canada?

Yes No

If you answered "Yes" to this question, even if you are fully vaccinated against COVID-19, you cannot access any WCS premises unless either:

(1) Within 3 days prior to boarding the return flight to the U.S., you obtained a negative COVID-19 diagnostic test; or

(2) Within 3 months prior to boarding the return flight to the U.S., you recovered from COVID-19.

I acknowledge my responses are complete and truthful, and that I have retained the last page, containing the WCS COVID-19 Safety Guidelines for Screening Questionnaire Recipients, which I have read and will abide by at all times I am on WCS's premises. In addition, **I will notify WCS if, within 48 hours of being on-site, I undergo a diagnostic test for COVID-19 infection that has a positive result or develop new COVID-19 symptoms (not related to chronic health issues).**

Signature: _____ Date: _____

WCS COVID-19 SAFETY GUIDELINES FOR SCREENING QUESTIONNAIRE RECIPIENTS

**** PERSON COMPLETING THE FORM MUST KEEP THIS PAGE ****

You MUST:

Wear a face covering. Must arrive to the park with your own acceptable face covering and must comply with all associated guidelines for where and when to wear it. Required to wear a face covering, over nose and mouth, at all times when:

1. in a public area of the park where people are present;
2. in all non-public areas when physical distancing of at least six feet cannot be guaranteed;
3. in common areas including kitchens, elevators, lobbies, and when traveling around the office; and
4. if the situation requires (e.g., if working individually, you must have a face covering available to put on if other individuals enter the work area).

Practice physical distancing. Must maintain a distance of at least six feet among individuals at all times, unless safety of the core activity requires a shorter distance, at which point a face covering is required. Reduce interpersonal contact and congregation. Comply with all WCS signage and protocols.

Clean hands frequently. Must, at a minimum, clean hands: upon arriving on site and to a new work area or assignment; immediately after cleaning/disinfecting tasks; before and after contact with frequently touched surfaces; at the start and end of a break period; every hour.

Maintain clean work areas. Must perform cleaning procedures for your work areas, and follow all proper sanitizing and trash disposal. Common areas shared with WCS staff must be cleaned and sanitized after individual's use.

Notify WCS within 48 hours. Notify WCS if, within 48 hours of being on-site, you undergo a diagnostic test for COVID-19 infection that has a positive result or develop new COVID-19 symptoms (not related to chronic health issues).

WCS GUIDANCE FOR ANYONE ANSWERING “YES” ON THE COVID-19 SCREENING QUESTIONNAIRE

** PERSON COMPLETING THE FORM MUST KEEP THIS PAGE**

Question	If you answered “Yes”...
1a. Have you had a final COVID-19 vaccination shot at least 14 days prior to today?	Skip to question #2.
1b. Within the last 14 days, have you been in close contact with anyone who has been diagnosed as infected with COVID-19, or who is showing COVID-19 symptoms and being screened for COVID-19 as a result? <i>(Skip question 1b if you answered “Yes” to question 1a.)</i>	You must provide WCS with written evidence of a medical provider’s clearance before being allowed access to any WCS premises.
2. Within the last month, have you tested positive for COVID-19 or been diagnosed as COVID-19 positive by a healthcare provider?	You must provide WCS with written evidence of a medical provider’s clearance before being allowed access to any WCS premises. If you have been at any WCS premises within the past month and answered “Yes” to this question, immediately contact Kaitlin Duignan.
3a. Are you currently experiencing any of the following significant symptoms of COVID-19: cough, fever, shortness of breath, difficulty breathing or new loss of taste or smell?	You must provide WCS with written evidence of a medical provider’s clearance before being allowed access to any WCS premises.
3b. Are you currently experiencing any other symptoms of COVID-19 which include, but are not limited to, chills, fatigue, muscle or body aches, headache, sore throat, congestion, runny nose, nausea, vomiting or diarrhea?	You cannot access any WCS premises until you have experienced 24 hours free of such symptoms.
4. Within the last 10 days, did you return from any international travel, other than returning by land from Canada?	You cannot access any WCS premises unless <i>either</i> : (1) Within 3 days prior to boarding the return flight to the U.S., you obtained a negative COVID-19 diagnostic test; <i>or</i> (2) Within 3 months prior to boarding the return flight to the U.S., you recovered from COVID-19.