

Dear Colleagues,

Jefferson Lab is working to limit the risk of the coronavirus being introduced to the Lab population. We are carefully following the federal guidance and are taking responsible control measures while trying to minimize the impact on our ongoing experimental operations.

All Jefferson Lab staff, authorized users and subcontractors who have not been on site for 14 or more days will be required to complete a brief questionnaire as part of their site access registration process. This will enable our Occupational Medicine staff to identify anyone that may have been exposed to the coronavirus before admission to the site. These are temporary measures that will help Jefferson Lab maintain a safe, healthy, and productive workplace. Any unanswered questions or positive responses will result in temporary site access limitations. Anyone with a positive response or non-response to any one of the questions on the survey will be directed to Jefferson Lab’s Occupational Medicine staff for a telephonic medical risk evaluation at (757) 269-7539 or 5585, to receive an official medical clearance prior to any onsite visit. Site access will be restored immediately upon completion of the health screening questionnaire, assuming acceptable risk factors.

This information and additional updates can be found at [https://www.jlab.org/eshq/medical](https://urldefense.proofpoint.com/v2/url?u=https-3A__jlab.us11.list-2Dmanage.com_track_click-3Fu-3D1de9c43e6d5e45ff0ecd664cd-26id-3D26bdc62d25-26e-3D3a11164c42&d=DwMFaQ&c=CJqEzB1piLOyyvZjb8YUQw&r=juUYt_vgAjDv-PQlPjrYbQ&m=Ush2fhO0951Xpi-K7lsae5s1YNnQraUWl17qWU56V_0&s=GgnsB0_8--bP8D5pbLT1sSZPxMfOFw6PiMl4wK8OBEQ&e=) or you can contact your supervisor. We appreciate your patience and willingness to help Jefferson Lab stop the spread of this virus.

Please complete the following information:

1. Have you tested positive for COVID-19 within the past 14 days?
2. Have you had symptoms consistent with COVID-19 for the past 14 days?
3. Have you had close personal contact with another person who has tested positive within the past 14 days?
4. Have you flown on a commercial aircraft within the past 14 days?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Telephone Number for Occupational Medicine to contact you: \_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_