

Infection Prevention Contractor/Vendor/Outside Guest Screening Questionnaire

At Dana-Farber Cancer Institute, it is important to us to keep our patients safe by stopping the spread of infection. To help us in this effort, please ***carefully*** read and answer the questions on this form.

Please list the name(s) of the clinic or floors you will be visiting: Mayer 3 Flow Cytometry & CyTOF ONLY
 Requesting DFCI Department Director Suzan Lazo

If you answer YES to any of the questions below, notify the security guard or responsible DFCI staff member and do not enter further onto the property.

	CIRCLE ONE:	
In the last 14 days, have you tested positive for COVID-19?	Yes	No
In the last 14 days, have you had close contact with possible or known COVID-19 positive person(s)?	Yes	No
In the last 14 days, have you or any visitor had the following symptoms: Fever, cough, shortness of breath, sore throat, runny nose/nasal congestion, muscles aches, or loss of smell?	Yes	No
In the last 14 days, have you or any visitor traveled to any area subject to the MA COVID-19 Travel Order ?	Yes	No
1. If yes – Are you unable to attest to compliance with the MA COVID-19 Travel Order?	Yes	No

In the past 3 days, have you been sick with Diarrhea or vomiting ? If yes, describe below.	Yes	No

In the past 3 weeks, have you or any visitor been around (such as in daycare, school, at home or work) a person who had:		
Chickenpox?	Yes	No
Measles?	Yes	No
Mumps?	Yes	No
Whooping cough (also known as pertussis)?	Yes	No

If you have answered YES to any of these questions, notify the security guard or responsible DFCI staff member and do not enter further onto the property.

Name: Signature: / Date: _____

Company Name _____

Cell phone/Contact Information: _____