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 and 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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the last 14 days, have you tested positive for COVID-19?</td>
<td></td>
<td></td>
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<tr>
<td>In the last 14 days, have you had close contact with possible or known COVID-19 positive person(s)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>In the past 3 days, have you been sick with Diarrhea or vomiting? If yes, describe below.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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:</td>
<td></td>
<td></td>
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<tr>
<td>Chickenpox?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Measles?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Mumps?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Whooping cough (also known as pertussis)?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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.

If you answer NO to the question below and do not have prior approval from the DFCI Departmental VP or designee, notify the security guard or responsible DFCI staff member and do not enter further onto the property.

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<th>Question</th>
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</tr>
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<tbody>
<tr>
<td>Have you been fully vaccinated for Covid 19?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name: Signature: / Date: ______________________________________________________

Company Name: __________________________________________________________________

Cell phone/Contact Information: __________________________________________________________________