

Regeneron COVID-19 Screening Questionnaire

Regeneron cares about the well-being of our community and is taking the health risks of COVID-19 seriously. Due to concerns about the transmission of COVID-19, we are asking you, as a visitor to Regeneron, to complete this form about your potential exposure to the virus. The collected information will be used solely for the legitimate business purpose of ensuring health and safety at Regeneron. Access to the information contained herein will be restricted to 'need to know' and it will be retained only as long as necessary for the specified purpose.

Name: _____ Contact Number: _____

Email Address: _____

Date: _____ Manager / Regeneron Sponsor: _____

1. Have you experienced any of the following within the last 14 days?

Fever (99.5F), chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell, congestion, runny-nose, nausea, vomiting, or diarrhea?

YES

NO

2. Have you attended an event or traveled to a place that has increased your risk of exposure to COVID-19 within the last 14 days? This includes international or domestic travel to one of the Restricted States listed in the [NY, NJ, CT Joint Travel Advisory](#).

YES

NO

IF YES, describe the event or locations of travel, including dates.

3. Has a member of your household attended an event or traveled to a place that has increased their risk of exposure to COVID-19 within the last 14 days? This includes international or domestic travel to one of the Restricted States listed in the [NY, NJ, CT Joint Travel Advisory](#).

YES

NO

IF YES describe the event or locations of travel, including dates, **AND** the initial date of contact you had with this person after their travel/event dates.

IF YES, has this person since presented with a cough, shortness of breath, or difficulty breathing?

YES

NO

IF YES, has this person since presented with any of the following:

Fever (99.5F), chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell, congestion, runny-nose, nausea, vomiting, or diarrhea?

YES

NO

4. Within the last 14 days, have you had contact with someone who has (1) been diagnosed with COVID-19, (2) who is or has been in quarantine or isolation due to potential exposure to COVID-19, OR (3) has an enhanced medical risk of infection (e.g. you live with a healthcare provider who is in contact with COVID-19 patients)?

YES

NO

Consider household members, partners, and caregivers in your response.

IF YES, list the last date of contact you had with that person while they were exhibiting symptoms:

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If **YES** to ANY of the above Questions.

Do NOT come onsite. Contact your supervisor/sponsor, EH&S and H.R. to discuss your specific situation.

EH&S Tarrytown, Sleepy Hollow, Basking Ridge: EHS-TAR@regeneron.com

Please also adhere to the following guidance if approved to come to the site:

Temperature Monitoring	Anyone coming onsite should check their temperature before arriving onsite to monitor for fever (99.5°F/37.5°C)
Face Covering	Anyone working onsite, especially in common areas, must wear a face covering
Hygiene	Maintain a rigorous handwashing regimen with soap and water, especially after touching high-touch areas (e.g., door handles, microwaves, refrigerators, coffeemakers, water fountains), wear gloves in lab areas, and clean work and office surfaces daily with 70% ethanol or other appropriate sanitizing wipes both before and after use.
Return to Work for Current Onsite Colleagues (after a positive diagnosis OR experiencing symptoms consistent with COVID-19)	<p>Colleagues who have had a positive diagnosis for COVID-19 or experienced symptoms consistent with COVID-19—including fever, cough, shortness of breath, sore throat, loss of taste/smell, runny nose, chills, headaches and/or body aches, congestion, runny-nose, nausea, vomiting, or diarrhea may not return to work onsite until:</p> <ul style="list-style-type: none"> • Resolution/absence of fever without the use of fever-reducing medications AND • Resolution/absence in respiratory symptoms (e.g. cough, shortness of breath), AND • Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two (2) consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens) <p>In all cases, Return to Work status will be reviewed with your Regeneron Sponsor, their Manager and EHS to determine approval to return on a case-by-case basis.</p>
Exposure to a COVID-19 Positive Individual	<p>For colleagues living with someone who is suspected or has tested positive for COVID-19 but have remained asymptomatic, they may return to work after:</p> <ul style="list-style-type: none"> • The symptomatic positive household member has tested negative and is no longer symptomatic AND the colleague has received two (2) negative tests, OR • It has been 14-days since the asymptomatic positive household member was tested AND the colleague has received two (2) negative tests.
Food Delivery Restrictions	<ul style="list-style-type: none"> • The cafeteria remains closed • No food should be ordered and delivered from outside vendors

For additional information about the Coronavirus:

NYS Dept of Health: Novel Coronavirus Hotline: 1 (888) 364-3065