

COVID-19 SCREENING QUESTIONNAIRE

INSTRUCTIONS:

1. Telephonically screen all service members prior to reporting for military duty.
2. Positive responses for cough, shortness of breath with fever and other symptoms should be directed to primary care provider and authorized split train.
3. Positive responses for both symptoms AND travel /contact history are directed to contact their primary care provider for medical and self-isolation/self-quarantine guidance, authorized split train, and reported through chain of command.
4. Personnel with the below symptoms should NOT report for military duty unless cleared by the medical provider. Any personnel reporting ill for military status are screened for a distance of 6 feet or greater, utilizing proper PPE / and Force Health Protection measures per CDC & DoD guidelines, and should be directed to return home, contact their medical provider for further instructions, self-quarantine as medically advised, and authorized split train.

MEDICAL STATUS

Do you have any of the following symptoms?	Symptom Present?		
Cough (new onset or worsening of chronic cough)	Yes	No	Unk
Shortness of breath	Yes	No	Unk
Fever >100.4F (38C) ^C	Yes	No	Unk
Chills	Yes	No	Unk
Muscle aches	Yes	No	Unk
Runny nose	Yes	No	Unk
Sore throat	Yes	No	Unk
Nausea or vomiting	Yes	No	Unk
Headache	Yes	No	Unk
Abdominal pain	Yes	No	Unk
Diarrhea (≥3 loose/looser than normal stools/24hr period)	Yes	No	Unk

TRAVEL HISTORY

Have you been subject to any of the following exposures?

1. Travel to a CDC COVID 19 Level 2 and Above Affected Area:
China, Italy, Germany, South Korea, Japan Iran
2. Direct contact with a lab confirmed COVID-19 case (within 6 ft)
3. Household contact with another person meeting #1 or #2
4. Travel to any other OCONUS country

NEGATIVE RESPONSES WITHOUT SYMPTOMS - CLEARED FOR MILITARY DUTY

FOR ANY SERVICE MEMBER WITH POSITIVE RESPONSES TRACK SM STATUS THROUGH RECOVERY AND REPORT AS DIRECTED PER OPORD

Service Member Name (Rank Last, First) _____ Unit: _____

Screened By: Name (Rank Last, First) _____

Screening Method: Phone _____ In Person _____

Screener Status: Non-medical NCO/Officer _____ 68W _____ Medical Provider _____