



## CNRFC COVID-19 Screening Questionnaire (V2020.0408)

<p>1. <b>HAVE YOU CURRENTLY EXPERIENCED</b> any of the following symptoms in the last 24 hours?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> <li>● Fever or Chills</li> <li>● Cough</li> <li>● Sore Throat</li> <li>● Shortness of Breath</li> </ul> </td> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> <li>● Headaches</li> <li>● Muscle aches</li> <li>● Diarrhea or abdominal pain</li> <li>● Loss of taste or smell</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>● Fever or Chills</li> <li>● Cough</li> <li>● Sore Throat</li> <li>● Shortness of Breath</li> </ul>	<ul style="list-style-type: none"> <li>● Headaches</li> <li>● Muscle aches</li> <li>● Diarrhea or abdominal pain</li> <li>● Loss of taste or smell</li> </ul>	YES	NO
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<p>If "YES", DENY ENTRY to the workplace. Provide mask if available.</p>	<p><u>Uniformed personnel</u>: Contact your medical provider per local protocols.  <u>GS/CTR</u>: Inform supervisor (GS) or employer (CTR). Follow local protocols.  <u>Everyone</u>: Follow CDC Guidance.<sup>1</sup> If going to medical, call prior to arrival.</p>			
<p>2. Have you <b>TRAVELED INTERNATIONALLY</b> in the past 14 days?</p>	YES	NO		
<p>If "YES", DENY ENTRY to the workplace.</p>	<p><u>Uniformed personnel</u>: Complete 14 days of ROM.<sup>2</sup>  <u>GS/CTR</u>: Prohibited from entering DOD facilities for 14 days. Inform supervisor (GS) or employer (CTR).</p>			
<p>3. Have you <b>TRAVELED DOMESTICALLY</b> (U.S.) outside of your local area in the past 14 days?</p>	YES	NO		
<p>If "YES", reinforce:</p>	<p>1) Complete 14 days of self-observation for fever, cough, difficulty breathing.                  2) Stay home if symptoms develop, and immediately contact medical provider per local protocols.</p>			
<p>4. Have you had <b>CLOSE PERSONAL CONTACT</b>, with anyone who has been diagnosed with COVID-19 in the past 14 days? (per criteria below)</p> <p style="margin-left: 20px;">a. Within 6 feet for prolonged (~10 min) period of time</p> <p style="margin-left: 20px;">b. In direct contact with infectious secretions (been coughed/sneezed upon, etc.)</p>	YES	NO		
<p>If "YES", DENY ENTRY to the workplace.</p>	<p><u>Uniformed personnel</u>: Contact your medical provider per local protocols.  <u>GS/CTR</u>: Inform supervisor (GS) or employer (CTR). Follow local protocols.</p>			
<p>5. If conducting <b>TEMPERATURE CHECKS</b>:</p> <p style="margin-left: 20px;">a. If temperature is <b>less than 100°F (37.8°C)</b>, allow access. Screening is complete.</p> <p style="margin-left: 20px;">b. If temperature is <b>equal to or higher than 100°F (37.8°C)</b>, DENY ENTRY, provide individual a mask (if available) and have them contact their medical provider per local protocols.</p>				

ROM = Restriction of Movement

GS = General Schedule civilians

CTR. Contractor

<sup>1</sup> [www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html](http://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html)

<sup>2</sup> Per ASD(P&R) Force Health Protection Guidance (11Mar20)