DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

Home-based Screening Acknowledgment

Sponsors and Caregivers: Please complete this short check of your student each morning before they leave for school.

Staff: Please complete this short check of yourself each morning before you leave for work.

Section 1: Symptoms

If the individual has any of the following symptoms, they might have an illness they can spread to others (for those with chronic conditions, check a symptom only if it has changed from usual or baseline health):

- ☐ Fever or feeling feverish (such as chills, sweating)
- ☐ Cough
- ☐ Mild or moderate difficulty breathing (breathing slightly faster than normal, feeling like you can't inhale or exhale, or wheezing, especially during exhaling or breathing out)
- ☐ Sore throat
- ☐ Muscle aches or body aches
- ☐ Unusual fatigue
- ☐ Headache
- ☐ New loss of taste or smell
- ☐ Congestion or runny nose
- ☐ Nausea or vomiting
- ☐ Diarrhea

Section 2: Exposure

A. Has the individual had close contact with someone with COVID-19?

- ☐ Yes
- ☐ No

B. Has the individual traveled or arrived from an area where the local, territorial, or state health department is reporting large numbers of COVID-19 cases or are in HPCON C or D?

- ☐ Yes
- ☐ No

→ **If YES response to any part of Section 1 and NO to both parts of Section 2:**

- The individual should stay home until his or her symptoms have improved, at least 24 hours after they no longer have a fever or signs of a fever (chills, feeling very warm, flushed appearance, or sweating) without the use of fever-reducing medicine (e.g., acetaminophen or ibuprofen).

→ **If YES response to any part of Section 1 and YES to any part of Section 2:**

- Consult with healthcare provider.
- Consult with local public health officials for potential testing and evaluation as a possible close contact.
- Follow applicable public health or local installation quarantine, isolation, and Restriction of Movement (ROM) requirements.

→ **If NO response to Section 1 and YES to any part of Section 2:**

- Consult with local public health officials for potential testing and evaluation as a possible close contact.
- Follow applicable public health or local installation quarantine, isolation, and Restriction of Movement (ROM) requirements.

I have reviewed the DoDEA Home-based Screening Protocol and agree to conduct the prescreening daily prior to entering a DoDEA facility.

Student or Staff Name: _____

School Name or Office Location: _____

Student Sponsor or Staff Signature: _____

Date: _____