

CNRNW COVID-19 Screening Questionnaire (version 2021.03.01)

1. **IN THE PAST 24 HOURS**, have you had any of the following symptoms? YES NO
- a. Fever
 - b. Cough (not due to allergies)
 - c. Sore Throat
 - d. Shortness of Breath
 - e. Loss of smell or taste

If **“YES”**, **LEAVE/DO NOT ENTER the workplace**. Uniformed/GS/Contractor personnel contact supervisor/employer, continue to wear a mask or cloth face covering and contact/report to your medical provider (call ahead to inform them of your pending arrival). **Follow CDC/OSD Guidance.**

***Entry denied**

2. TEMPERATURE CHECK (if directed). Is temperature above 100°F (37.8°C)? (due to close proximity, screeners should wear mask or cloth face covering as directed)
– **Masks are required at all times while onboard the installation**

YES NO

If No, screening complete. Access granted.

If **“YES”**, **LEAVE/DO NOT ENTER the workplace**. Uniformed/GS/Contractor personnel contact supervisor/employer, continue to wear a mask or cloth face covering and contact/report to your medical provider (call ahead to inform them of your pending arrival) **Quarantine/ROM may be required.**

***Entry denied**

If not FULLY IMMUNIZED², answer Questions 3 and 4 as well.

3. Have you had **CLOSE CONTACT**, with anyone who has been diagnosed with COVID-19 in the past 14 days? (per criteria below)
- a. Within 6 feet for prolonged period of time YES NO
(**> 15 minutes cumulatively over a 24 hour period**)
 - b. In direct contact with infectious secretions (been coughed/sneezed upon, etc.) YES NO

If **“YES”**, **LEAVE/DO NOT ENTER the workplace**. Uniformed/GS/Contractor personnel contact supervisor/employer, continue to wear a mask or cloth face covering and contact/report to your medical provider (call ahead to inform them of your pending arrival) **Quarantine may be required.**

***Entry denied**

4. Have you **traveled to or had close contact with anyone who traveled** outside the local area to areas identified with **high infection rates¹** in the past 14 days?
(>100 cases / 100K population over last 7 days) YES NO

If **“YES”**, uniformed/GS/Contractor personnel contact supervisor/employer and follow CDC/OSD Guidance. **ROM may be required.**

¹Visitor Control Centers will utilize questions 1, 2, and 3 only for customers requesting access to the Installation.

²Fully immunized is defined as both doses of vaccine completed (Moderna or Pfizer) and two weeks elapsed since the second dose. If single dose vaccine (Johnson-Johnson) two weeks elapsed since vaccination.

Commands approving travel are responsible for determining if ROM may be required. The following websites provide guidance for determining risk associated with travel.

DoN Travel Tracker:

<https://www.mnp.navy.mil/group/don-covid-19-travel-tracker>

NRNW Travel Planner:

<https://www.cnic.navy.mil/regions/cnrnw/om/COVID-19.html>

DHS Early Indicators Daily State and County Status:

<https://esportal.med.navy.mil/sites/NHBrem/CS/PopHealth/MISC/NPH/PUBHLTH/PHAP/COVID-19/RTG/SitePages/Home.aspx>

CDC County Map:

<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/county-map.html>