CNRNW COVID-19 Screening Questionnaire (version 2020.11.18)

1. **IN THE PAST 24 HOURS**, have you had any of the following symptoms?  
   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, put on a clean 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. Have you had **CLOSE PERSONAL 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 (> 15 minutes cumulatively over a 24 hour period)  
   b. In direct contact with infectious secretions (been coughed/sneezed upon, etc.)  

   If "YES", **LEAVE/DO NOT ENTER the workplace.** Uniformed/GS/Contractor personnel contact supervisor/employer, put on a clean 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*

3. Have you **traveled to or had close contact with anyone who traveled** outside the local area to areas identified with high infection rates\(^1\) in the past 14 days? (>
50 cases / 100K population over last 7 days)  

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

4. **TEMPERATURE CHECK.** Is temperature above 100°F (37.8°C)? (due to close proximity, screeners should wear mask or cloth face covering as directed):  

   If No, screening complete. Access granted.  

   If “YES”, **LEAVE/DO NOT ENTER the workplace.** Uniformed/GS/Contractor personnel contact supervisor/employer, put a clean 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*

\(^1\)Visitor Control Centers will utilize questions 1, 2, and 4 only for customers requesting access to the Installation.

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:  
NRNW Travel Planner:  
DHS Early Indicators Daily State and County Status:  
CDC County Map:  