



**DEPARTMENT OF DEFENSE  
DEPENDENTS SCHOOLS  
NETZABERG ELEMENTARY SCHOOL  
UNIT 28130  
APO AE 09114-0005**



March 17, 2021

Dear DoDEA Europe East students, parents, employees, and community members,

The return to in-person instruction has necessitated some reminders concerning COVID mitigation protocols. The attached screening form is to be used by DoDEA staff and families each day. No one with the identified symptoms should enter a DoDEA facility, and it is imperative to adhere to medical guidance.

In addition, local guidance should be followed about gatherings of individuals from outside of an immediate family. Students should not attend parties or sleepovers in groups, for example.

It took a dedicated, coordinated, and determined response to get DoDEA Europe East schools back to in-person instruction. DoDEA leadership wholeheartedly believes that students need to be in schools with their teachers. We need the help of everyone reading this email to ensure that the progress we have made endures and the obstacles we have overcome are behind us.

Please take to heart the message that we are a community working together, and please put into practice the measures that help us work together to keep teaching and learning our priority.

We are partners in education!

Sincerely,

A handwritten signature in blue ink, appearing to read "Arturo Rivera Jr.", written over a light blue horizontal line.

Arturo Rivera Jr  
Principal

**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):

- Temperature 100.4 degrees Fahrenheit or higher (or in accordance with host nation policy)
- Sore throat
- Cough (for those with chronic cough due to allergies or asthma, a change in their cough from baseline)
- Difficulty breathing (for those with asthma, a change from their baseline breathing)
- Diarrhea or vomiting
- New onset of severe headache, especially with a fever

**Section 2: Exposure**

A. Has the individual had close contact with someone with COVID-19 (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period, regardless of whether the contact was wearing a mask)?

- 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 as described in the Community Mitigation Framework or 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 (temperature of 100.4 or higher or in accordance with host nation policy) 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.

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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: \_\_\_\_\_