

**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.

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: _____