

→ **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: _____