Department of Defense Education Activity  
Prescreening Protocol and Acknowledgment for Adults

It is essential that we all work together to prevent the introduction and spread of COVID-19 in the work environment while providing a quality education program. DoD Force Health Protection Guidance, Supplement 8, requires that employees perform a health check each morning within two hours of reporting to work. Please be aware that this daily check is a requirement for any employee to be present in any facility or vehicle used to accomplish DoDEA’s mission. Employees without a copy of this signed form on file will be prohibited from entering any workplace.

SECTION 1: Symptoms
Please check for any of the following symptoms that indicate a possible illness that could be spread to others:
   a. Temperature 100.4 degrees Fahrenheit or higher (or in accordance with host nation policy) when taken by mouth;
   b. Sore throat;
   c. New uncontrolled cough that causes difficulty breathing (for adults with chronic allergic/asthmatic cough, a change in their cough from baseline);
   d. Diarrhea, vomiting, or abdominal pain; OR
   e. New onset of severe headache, especially with a fever.

SECTION 2: Close Contact/Potential Exposure
Please check if you have:
   a. Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19; OR
   b. 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.

If the answer to any of the questions in section 1 is YES but NO to any questions in section 2, DO NOT report to work until symptom-free for 24 hours without fever-reducing medications.

If the answer to any of the questions in section 1 is YES and YES to section 2.a., please seek an evaluation from your healthcare provider. You should also stay home for 14 days since last exposure to that person unless you have developed COVID-19 illness in the previous three months and recovered, and remain without symptoms as described in section 1.

If the answer to any of the questions in section 1 is YES and YES to section 2.b., please seek an evaluation from your healthcare provider and follow applicable local installation Restriction of Movement (ROM) requirements.

If the answer to any of the questions in section 1 is NO but YES to section 2.a., you should stay home for 14 days since last exposure to that person unless you have developed COVID-19 illness in the previous three months and recovered, and you remain without symptoms as described in section 1.

If the answer to any of the questions in section 1 is NO but YES to section 2.b., follow local installation ROM requirements.

I _________________________________ (employee/contractor name) have reviewed the DoDEA Prescreening Protocol. I agree to conduct the prescreening within two hours of reporting to any DoDEA work site.

Employee/Contractor Signature: ___________________________   Date: ______________

Refusal to sign this acknowledgement and/or failure to conduct a daily health check may result in administrative and/or disciplinary action.

8.19.20