

**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.

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*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.*

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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.**