

Self-Quarantine Screening Questionnaire

1. Have you traveled to a foreign country in the last 14 days?

(YES or NO) If so, what location?

2. Do you currently have symptoms i.e. cough, shortness of breath, difficulty breathing, and/or a fever over 100.4 degrees Fahrenheit/38 degrees Celsius?

(YES or NO)

3. Have you, a guest, or someone in your household come in contact with someone that has COVID-19 or is experiencing symptoms of COVID-19?

(YES or NO)

4. Has a member of your household or guest of your household recently returned from outside of the local area? Are they experiencing symptoms? (YES or NO)

5. Did you travel to a state that has a community transmitted COVID-19 member?

<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

Scroll over the map of the United States.

(YES or NO)

6. Did you deviate from your mission or not practice social distancing during travel? (e.g., anything other than getting gas, drive thru for food or using the restroom)

(YES or NO)

IMPORTANT: If you answered yes to any of the questions, please self-quarantine and contact your chain of command. Your commander will make a determination as to continue to self-quarantine or return to duty. If the commander cannot make that determination they should contact Public Health at (830) 298-6380 for guidance.