

138th RTI COVID-19 SCREENING QUESTIONNAIRE

Soldier's Name (Rank Last, First) _____ Unit: _____

INSTRUCTIONS:

1. Fill out questionnaire and email back to course POCs.
2. RTI medical personnel must clear positive responses for cough, shortness of breath with fever and other symptoms prior to arrival to the RTI.
3. RTI medical personnel must clear positive responses for both symptoms AND travel /contact history. Soldiers will contact their primary care provider for medical and self-isolation/self-quarantine guidance and report through RTI/Course chain of command.
4. Personnel reporting with symptoms below should NOT report for military duty unless cleared by the medical provider. All personnel reporting to the RTI will maintain a distance of 6 feet or greater, utilizing proper PPE / and Force Health Protection measures per CDC & DoD guidelines, and will be screened in person by RTI medical personnel before being allowed to exit their vehicles and enter the RTI campus. Soldiers failing to pass screening protocols will immediately return to HOR to self-quarantine and to contact their medical provider.

MEDICAL STATUS

Do you have any of the following symptoms?	Symptom Present?		
	Yes	No	Unk
Cough (new onset or worsening of chronic cough)	Yes	No	Unk
Shortness of breath	Yes	No	Unk
Fever >100.4F (38C)c	Yes	No	Unk
Chills	Yes	No	Unk
Muscle aches	Yes	No	Unk
Runny nose	Yes	No	Unk
Sore throat	Yes	No	Unk
Nausea or vomiting	Yes	No	Unk
Headache	Yes	No	Unk
Abdominal pain	Yes	No	Unk
Diarrhea (≥3 loose/looser than normal stools/24hr period)	Yes	No	Unk
Have you recently lost your sense of taste or smell for any period	Yes	No	Unk

TRAVEL HISTORY

Have you been subject to any of the following exposures?		
1: Travel to a CDC COVID 19 Level 2 and Above Affected Area such as: China, Italy, Germany, South Korea, Japan Iran	Yes	No
2: Direct contact with a lab-confirmed COVID-19 case (within 6 ft)	Yes	No
3: Household contact with another person meeting #1 or #2	Yes	No
4. Travel to any other OCONUS country within the last 30 days	Yes	No

Soldier's Signature _____

NEGATIVE RESPONSES WITHOUT SYMPTOMS - CLEARED FOR MILITARY DUTY		
Yes	No	Screeener Initials

RTI MEDICAL PERSONNEL AND COURSE CADRE WILL TRACK STATUS OF ANY SERVICE MEMBER WHO RESPONDS AND/OR TESTS POSITIVE FOR COVID-19 AND REPORT AS DIRECTED PER OPORD AND UNIT GUIDANCE.

Screened By: Name (Rank Last, First) _____

Screening Method: Email _____ Phone _____ In-Person _____

Screeener Status: Non-medical NCO/Officer _____ 68W _____ Medical Provider _____

Screeener Rank and Signature _____