

COVID-19 Pre-Screen Questionnaire (Military Leave Outside the Local Area)

Service Member Rank & Name: _____ Last 4 SSN: _____ Date: _____

Purpose: To minimize the transmission/spread of coronavirus 2019 (COVID-19) and protect the force from infection and the harmful effects of COVID-19.

Requirement: All Ohio National Guard service members (SMs) must complete this questionnaire, prior to requesting **and** (if required) prior to departing for travel,* outside the local area in a military leave status. The questionnaire **must be reviewed and signed by a military medical provider (or duly authorized medical representative)**. If the SM is or has recently experienced any of the following conditions, circumstances, and/or symptoms, it must be immediately reported to the SM's chain of command and may be cause for disapproving or canceling the leave request.

Answer the following Questions:

1. Have you or anyone living with you traveled to or through any CDC-designated Level-3 country, regarding travel restrictions?
YES _____ NO _____
2. Have you, or anyone living with you, had contact with a confirmed or presumed positive COVID-19 person in the last 14 days?
YES _____ NO _____
3. Do you or anyone living with you have, or have recently had, any of the following symptoms / conditions:

Fever (100.5F/38.5C or greater)	YES _____ NO _____
Cough	YES _____ NO _____
Sore Throat	YES _____ NO _____
Diarrhea, nausea, or vomiting	YES _____ NO _____
Shortness of Breath	YES _____ NO _____
Muscle aches	YES _____ NO _____
Fatigue	YES _____ NO _____
Loss of smell or taste	YES _____ NO _____
Immunocompromised	YES _____ NO _____

(cancer treatment; immune deficiencies; or prolonged corticosteroid use or other immune weakening medications)

Chronic lung disease (COPD)	YES _____ NO _____
Moderate to Severe Asthma	YES _____ NO _____
Severe obesity BMI >40	YES _____ NO _____
Diabetes	YES _____ NO _____
Chronic Kidney Disease	YES _____ NO _____
Liver Disease	YES _____ NO _____
Pregnant (Females Only)	YES _____ NO _____

Signature of Service Member: _____

(Rank, Name, Signature, and Date)

Medical Screening completed/reviewed by: _____

(Rank, Name, Signature, and Date)

Medical Recommendation: _____ APPROVE _____ DISAPPROVE *(State reasons for disapproval recommendation on next page)*

* This completed form must be included in the request to travel outside the local area in a military leave status.

Additionally: A New (separate) Pre-screening form must be completed within **72 hours** prior to the SM's leave-travel start date, unless the original form (i.e. the one included in the approval request) meets that criteria.

(Direct specific questions, regarding this questionnaire, to your Wing, Brigade, or MSC Medical personnel)

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For Military Medical Provider Use ONLY

INSTRUCTIONS: *This page is required ONLY when the reviewing military medical provider recommends **DISAPPROVAL** of the service member's request to travel outside the local area, while in a military leave status. All military medical provider recommendations, on the previous page, shall be made in the context of protecting the safety/health of the requesting service member, the safety/health of the entire workforce (including both military and civilian members), and preserving the military readiness of the Ohio National Guard.*

Required Information: *The reviewing military medical provider (or duly authorized representative) must provide the reason(s) for recommending disapproval of the service member's request to travel outside the local area, while in a military leave status. The reason(s) should include, but need not be limited to, why the service member's health status, travel itinerary, or a combination thereof, present too high of a risk for the travel request to be approved. Additionally, the reasons should clearly demonstrate why the controls, listed in the Service member's DD Form 2297 (Deliberate Risk Management Worksheet) are insufficient to mitigate the risk to such an extent that the travel request should be approved. The reasons should also include (if applicable) any additional controls that — if implemented — may change the military medical provider's recommendation.*

REASON(S) FOR DISAPPROVAL RECOMMENDATION: