

MEDICAL RECORD

Report on _____
 or
 Continuation of S.F. _____
 (Strike out one line) (specify type of examination or data)

COVID-19 (novel coronavirus) Screening Questionnaire_V7 (15Jul2020)

In order to screen for possible communicable disease, all individuals are required to answer the following questions (check "No" or "Yes"):

No Yes

1. Do you currently have or have you had in the past 14 days any symptoms such as:

- Fever Chills Sore throat Muscle/body aches Headache
 New loss of sense of taste or smell Shortness of breath/difficulty breathing
 Cough Congestion/runny nose Nausea/vomiting Diarrhea
 Fatigue Chest pain

No Yes

2. Have you traveled outside of the United States or gone on a cruise in the past 14 days?

No Yes

3. In the past 14 days:

Have any of your close personal contacts* been diagnosed with COVID-19 (novel coronavirus)?

* Defined by the CDC as being < 6 feet (2 meters) for ≥ 15 minutes.
 This question is not applicable to mission essential MEPS employees.

Have you been in direct contact with infectious secretions of a COVID-19 case (been coughed/ sneezed upon, etc.)?

Have you been asked to self-quarantine by any doctor, hospital or health agency?

Have you had a positive COVID-19 test? Have you had a COVID-19 test, results of which are still pending?

Date: _____

Time: _____

(Continue on reverse side)

IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; position; MEPS)

REGISTER NO.

WARD NO.

REPORT ON _____ OR CONTINUATION OF _____

Medical Record
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Enclosure (3)

