

Enclosure 1 - COVID19 Screening Instructions

30 Sep 2020

For employees: Please answer the following questions daily, prior to entering the workplace, to help us determine whether your present health status or recent medical/travel history poses a risk of exposure and/or transmission of communicable disease.

Yes No

1. Are you sick today?

2. In the past 14 days have you experienced any of the following signs or symptoms?

New, unexplained cough

New, unexplained shortness of breath

Fever (100.4°F or greater)

Chills

Repeated shaking with chills

Muscle pain

Headache

Sore throat

Loss of taste or smell

3. Have you traveled outside of Nebraska in the past 14 days?

**SM's regular commute from HOR outside of Nebraska (i.e. Council Bluffs or the like) is NOT considered out-of-state travel.*

4. In the past 14 days have you had contact with someone who was exhibiting any of the previously specified signs or symptoms?

5. Have you had contact with someone presumed or confirmed COVID19 positive?

If the answer to any of the above questions is "yes", please contact the appropriate Medical Case Manager immediately for further assessment and a recommendation.

Nurse Case Management POCs:

Army National Guard

402-309-1874

Air National Guard

402-309-1006

COVID-19 Screenings will not be maintained in employees' personnel files. Supervisors must maintain protected health information in accordance with Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Americans with Disability Act.