

NOAA COVID-19 Screening Tool vMAR2021



PLEASE READ EACH QUEST	FION CA	AREFULLY		
1. Are you currently waiting on the results of a COVID-19 test?			YES	NO
 2. Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with either: Anyone who has had lab confirmed COVID-19? OR Anyone with symptoms consistent with COVID-19? 			YES	NO
3. Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?			YES	NO
4. Have you had any of the following symptoms in the last 48 hours? Fever, Chills, Cough, Shortness of Breath or Difficulty Breathing, Fatigue, Muscle/Body Aches, Headaches, Sudden Loss of or change in Smell or Taste, Sore Throat, Congestion or Runny Nose, Nausea, Vomiting, Diarrhea			YES	NO
Did you answer NO to <u>ALL</u> QUESTIONS? Access to NOAA assets APPRON Thank you for helping us prote others during this time. Access to NOAA assets is NOT			ct you a	and
Did you answer YES to <u>ANY</u> QUESTION? Thank you for helping us prote others during this time.			structio	ons.
 ***If you have participated in any of the followin N-95 mask for the first 5 days aboard the NOAA daily screenings this rule is to be re-implemented. Traveled commercial air Been on a cruise Used public transportation (Buses, Trains) Attended a large music concert Been to an amusement/theme park 	asset.** , otherwi	ties in past 7 DAYS you MUS' * If more than 5 days passes be	etween	L

THE SCREENING YOU COMPLETED INDICATES THAT YOU MAY BE AT INCREASED RISK FOR COVID-19

IF YOU ARE NOT FEELING WELL, WE HOPE THAT YOU FEEL BETTER SOON!

Here are instructions for what to do next



If you are not already at home, please avoid contact with others and go straight home immediately.



Call your supervisor for further instructions to discuss options for telework, leave, or rescheduling of contract work.



Monitor symptoms and keep your supervisor current. 911 for sudden change in or worsening symptoms.

Before going to a healthcare facility, please call and let them know that you may have an increased risk for COVID-19. In case of a life-threatening medical emergency, dial 911 immediately!

RETURNING TO THE WORKPLACE



If you have had symptoms consistent with COVID-19 or have tested positive for COVID-19, DO NOT physically return to work until you get a medical evaluation and are approved by NOAA to return to work. Please call your supervisor to discuss return to work guidance.



Check in daily with your supervisor, the ship, and/or medical while symptomatic or confirmed positive. Call 911 for sudden change in or worsening symptoms. *Up to 80% of illness are mild and require only supportive care (fluids, rest, tylenol/motrin)*.



If you have been in close contact with someone with COVID-19 you shall stay home and self-quarantine for 14 days days before returning to work and/or as current NOAA return to work guidance dictates. A single, negative test may be required for clearance to return to work.



If you are currently isolating or quarantining because of concerns about COVID-19 OR you have a COVID-19 test pending, please contact your supervisor and/or your local marine medicine branch for additional guidance on when you may permission to safely return to work.

If you have additional questions about when you can return to work, please email moa.health.services@noaa.gov or mop.health-services@noaa.gov or you may call (757) 441-6320 for MOC-Atlantic Norfolk, VA or (541) 867-8820 for MOC-Pacific in Newport, OR. Hours of operation Monday - Friday 0730 - 1600.