

COVID-19 PRE-SCREENING QUESTIONNAIRE: DEPLOYING DOD CIVILIANS PROCESSING THRU CAMP ATTERBURY

This questionnaire must be completed and returned to the Camp Atterbury medical team (kathryn.j.pollock.civ@mail.mil) for review. The submission of this form is mandatory for all to fly on the Bliss/Atterbury rotator and participate in the Camp Atterbury deployment process.

1. Have you ever tested **positive** for COVID-19? [] YES [] NO
If No, go to question 5. If **yes**, continue to question 2.
2. If **yes**, was this test result received within the past 90 days or less? [] YES [] NO
3. What date was the most recent **positive** COVID-19 test received? _____
4. Where was the **positive** test administered (identify the name of the military treatment facility or location of private testing site)? _____
5. Have you received a COVID-19 vaccine? YES NO
6. Vaccine manufacturer, lot number (found on vaccine card): _____
7. Fully vaccinated date (leave blank if additional shot required or not yet started): _____
8. Attach vaccination card even if additional shot required.

*****If you have tested positive in the past 90 days a Memo or DA3349 (profile) from your Provider is required***
Individuals traveling to AFGHANISTAN may be subject to additional restrictions**

In order to meet the needed criteria the Memorandum has to be on the Provider's or Provider's Company Letterhead and contain the following (DA3349 must contain the following as well):

1. State the individual (you) has been evaluated and is currently COVID-19 free with no residual symptoms.
2. State the individual (you) have completed the isolation period.
3. State the individual (you) may return to full duty without restrictions due to COVID-19.
4. State the individual (you) is safe to travel to an austere environment.
5. Contain the FULL NAME, DATE, and SIGNATURE of the Provider.

Attach completed provider memorandum or DA3349 prior to sending

EMPLOYEE SIGNATURE

DATE

PRINT NAME