

**PRE-DEPLOYMENT MEDICAL SCREENING FOR COVID-19**

This questionnaire must be completed and returned to the Camp Atterbury medical team as part of the pre-screening to be authorized to attend the pre-deployment and restriction of movement (ROM) process.

1. Have you ever tested positive for COVID-19? [ ] YES [ ] NO  
If No, sign the form and submit. If yes, respond to questions 2 through 4.
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 test administered (identify the name of the military treatment facility or location of private testing site):  
  
\_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME