

Health Screening Questions

(Ramstein Air Base local form//Current as of 17July2020)

Commanders will utilize these questions to screen their personnel arriving in, traveling through or re-entering Germany IAW the Rheinland-Pfalz Corona Suppression Ordinance. Commander or unit representatives must report quarantined travelers to public health (see bottom of page).

Reminder: All travelers, no matter their military or employment affiliation, are subject to the Rheinland-Pfalz 14-Day quarantine requirement upon return or entrance into Germany from a high-risk area as defined by the Robert Koch institute.



Name of Person Screened _____ Name of Person Screening _____

| INITIAL SCREENING | YES | NO |
|---|-----|----|
| 1. Have you been tested and told you were COVID-19 positive in the last 14 days? DATE OF TESTING: _____ | | |
| 2. Have you had close contact with a confirmed positive COVID-19 individual? DATE OF LAST CONTACT : _____ | | |
| 3. Are you sick with any of the following symptoms? <ul style="list-style-type: none"> - Fever ($\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$ or subjective feeling of having a fever/chills) - New cough in the last 14 days - Shortness of breath - Persistent runny nose - New loss of sense of smell or taste - Other “flu-like” symptoms: headache, muscle ache, sore throat, nausea, vomiting or diarrhea <p>If “YES” to any of the above, member should stay in quarantine and contact the COVID Hotline ASAP at Commercial + 49 6371-47-9001 or DSN 314-480-9001</p> | | |
| 4. Have you entered Germany from a high-risk area as defined by the Robert Koch Institute? View website using Google Chrome for automatic translation https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Risikogebiete_neu.html | | |

If “NO” to the health screening questions **and** you have NOT traveled from a high-risk area, then you are not required to at-home quarantine. If “YES” to any health screening questions, you are required to quarantine for 14 days. Quarantined persons and demographics must be reported to Public Health at usaf.ramstein.86-mdg.mbx.amds-epidemiology1@mail.mil using the template sent out to CC’s and First Sergeants. To send encrypted, email the org box to confirm personnel on shift for PH.

DATE: _____

COMMANDER/FIRST SERGEANT NAME/RANK: _____

COMMANDER/FIRST SERGEANT SIGNATURE: _____