

## COVID-19 Response Risk Assessment Screening – USCG Reserve Personnel

Reservists must be administratively screened, prior to selection for activation, by Reserve Force Readiness System (RFRS) or unit admin staff. Screening may be performed by telephone or email. Commands should use screening responses to make or inform activation and mobilization decisions. "Yes" responses to questions require additional information. If a member responds "Yes" to questions 1-3, it is recommended that selection for activation be delayed and the member be rescreened 15-days following symptoms, diagnosis or quarantine/ isolation.

This administrative COVID-19 screening does not replace nor supersede normal screening for activation nor medical requirements as set forth in the Coast Guard Medical Manual, COMDTINST M6000.1 (series).

### COVID-19 Activation Risk Assessment Screening

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Rate/Rank Last, First, M.I.*

Unit: \_\_\_\_\_

Mbrs anticipated location, City/State at time of activation: \_\_\_\_\_

1. Are you experiencing COVID-19\* or flu-like symptoms?      YES      NO      If yes, specify: \_\_\_\_\_

2. Are you currently diagnosed or, presumed COVID-19 (+), or under quarantine/isolation due to exposure?      YES      NO      If yes, specify diagnosis or quarantine/ isolation date: \_\_\_\_\_

3. Do you live with someone currently diagnosed with or presumed COVID-19 (+)?      YES      NO      If yes, diagnosis date? \_\_\_\_\_

4. Is your family care plan negatively impacted by the pandemic making it impractical to deploy at this time?      YES      NO      If yes, describe: \_\_\_\_\_

5. Have you received the COVID-19 Vaccine?      YES      NO      If yes, are you fully vaccinated?:      YES      NO

If not yet fully vaccinated, provide vaccine manufacturer & date of second dose to determine delay of activation or vaccine availability at mobilization site:

CDC defined COVID-19 symptoms\*: Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea)

*I certify that my answers are true and complete to the best of my knowledge.*

Mbr Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*When screened by telephone, mbr signature is not required.*

Screeener Name /Unit: \_\_\_\_\_ Date: \_\_\_\_\_

Commands are not required to forward this to CG Clinic Staff but are encouraged to consult with local CG Medical Officers if there is concern about activating specific reservists.