APPENDIX 4



ALASKA DOC ENTRY POINT SCREENING QUESTIONNAIRE FOR COVID-19

EFFECTIVE 10/29/2020

DOC continues to take measures to keep our facilities and offices safe. Therefore, anyone coming into the facility/office will be screened. Please answer the following questions before entering:

1.	Do you have new onset of any of the following:						
	0	Fever		0	Loss of taste/smell	0	Muscle/joint aches
	0	Cough		0	Diarrhea	0	Nausea or vomiting
	0	Shortness of b	reath	0	Fatigue	0	Congestion/runny nose
	0	Chills		0	Headache	0	Sore throat
		☐ YES	□ NO				
2.	If you were tested for COVID-19, was the result POSITIVE or are you waiting on results?						
		☐ YES	□ NO or		IOT APPLICABLE (not teste	∍d)	
3.	Within the past 14 days have you been in close contact with any of the following: a. Someone who has been identified by Public Health as a close contact and is awaiting test results; or b. Someone who has symptoms and is awaiting test results; or c. Someone who has tested positive for COVID-19? (Close contact is defined as within 6 feet for more than 10 minutes (cumulatively) without wearing personal protective equipment.) \[\triangle \text{YES} \triangle \text{NO} \]						
4.	Is your temperature at or above 100.4° F?						
		☐ YES	□ NO				
	If the answer to any question above is YES, the individual will not be allowed into the facility/office. DOC employees should be directed to contact their supervisor for guidance for when they may return to work.						
5.	In the past 10 days have you been tested for COVID-19?						
		☐ YES	□ NO				
	If the answer is yes, contact your supervisor before entering the facility to ensure you meet the criteria to retur to work.						
6.	In the past 5 days, have you traveled outside Alaska? □ YES □ NO						
	If the a	•	ontact your super	visor bef	ore entering the facility to	ensure you	meet the criteria to returr