

IDMR SELF-CHECK COVID-19 SCREENING RECOMMENDATIONS

PLEASE READ EACH QUESTION CAREFULLY

ANSWER ACCORDINGLY

1. Regardless of your vaccination status, have you experienced any NEW or UNEXPLAINED symptoms in the list below in the past 48 hours?

- 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

If you have had any of these symptoms in the last 48 hours, DO NOT physically return to IDMR facilities until symptoms have been improving for more than 48 hours. If you have a medical condition that causes any of these symptoms and you need access to an IDMR facility within the next few days, you will need prior approval from the branch dean (or designee). Waivers will only be granted at the discretion of the dean.

YES



Access to IDMR Facilities
NOT APPROVED

NO

Proceed to Question 2

2. Are you isolating or quarantining because you tested positive for COVID-19 or are worried that you may be sick with COVID-19?

YES



Access to IDMR Facilities
NOT APPROVED

NO

Proceed to Question 3

3. Are you fully vaccinated AND/OR have you recovered from COVID-19 in the last 3 months?

To be considered fully vaccinated, you must be \geq 2 weeks following receipt of the second dose in a 2-dose series or \geq 2 weeks following receipt of one dose of a single-dose vaccine.

YES

Proceed to Question 4

NO

Proceed to Question 4

PREFER NOT TO ANSWER

Proceed to Question 4

4. Have you been in close physical contact in the last 14 days with:

- **Anyone who is known to have laboratory-confirmed COVID-19? OR**
- **Anyone who has any NEW or UNEXPLAINED symptoms consistent with COVID-19?**

Close physical contact is defined as being within 6 feet of an infected/symptomatic person for a cumulative total of 15 minutes or more over a 24-hour period starting from 48 hours before illness onset (or, for asymptomatic individuals, 48 hours prior to test specimen collection).

YES

If You are Fully Vaccinated,
Proceed to Question 5
If You are Not Fully Vaccinated or Prefer Not to Answer



Access to IDMR Facilities
NOT APPROVED




NO

If You are Fully Vaccinated, Proceed to the Certification Step Below

Access to IDMR Facilities
APPROVED

If You are Not Fully Vaccinated or Prefer Not to Answer,
Proceed to Question 5

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<p>5. Were you tested 3-5 days after your exposure with the close contact?</p>	<p>YES Proceed to Question 6</p>	<p>NO</p>  <p>STOP</p> <p>Access to IDMR Facilities NOT APPROVED</p>
<p>6. Are you currently waiting on the results of a COVID-19 test? (If a HOME or RAPID test return NEGATIVE results, but symptoms continue to get worse, please get PCR (Lab) testing as well.)</p> <p>IMPORTANT: ANSWER “NO” IF YOU ARE WAITING ON THE RESULTS OF A PRE-TRAVEL OR POST-TRAVEL COVID-19 TEST.</p>	<p>YES</p>  <p>STOP</p> <p>Access to IDMR Facilities NOT APPROVED</p>	<p>NO</p> <p>If you are not awaiting COVID-19 test results, Proceed to question 7</p>
<p>7. Have you traveled in the past 10 days?</p> <p>*****</p> <p>IMPORTANT: <i>If a PCR test is taken 72 hours prior to travel OR a Rapid or PCR test is taken upon arrival at the destination with NEGATIVE RESULTS, you may bypass this question. The same testing recommendation can apply to a member returning to their home branch after traveling.</i></p>	<p>YES</p>  <p>STOP</p> <p>If test results are POSITIVE or are not available, Access to IDMR Facilities NOT APPROVED</p>	<p>NO</p> <p>ACCESS TO IDMR FACILITIES APPROVED</p>

WHAT TO DO IF YOU TEST POSITIVE FOR COVID-19 OR IF YOU DEVELOP UNEXPLAINED SYMPTOMS:

1. If you are not already at home, please avoid contact with others and go straight home.
2. Seek medical care as needed.
3. Contact your branch COVID-19 Team or branch designee.

NOTE: THIS DOCUMENT IS INTENDED TO SERVE AS A PERSONAL REFERENCE FOR SCREENING FOR POSSIBLE COVID-19 INFECTION OR SYMPTOMS AND SHOULD BE KEPT HOME BY THE MEMBER. THIS DOCUMENT WILL NOT BE REQUIRED TO ENTER CLASS AT ANY TIME.