



## ALASKA DOC EMPLOYEE SELF-SCREEN FOR COVID-19

EFFECTIVE 10/29/2020

Your health and well-being are of the utmost importance and we are taking measures to keep the office a safe environment for employees, individuals under our charge, and the public. Therefore, anyone coming into a Department of Corrections office must affirm the following:

1. I do not have new onset of any of the following symptoms:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fever               | <input type="checkbox"/> New loss of taste or smell | <input type="checkbox"/> Muscle/joint aches       |
| <input type="checkbox"/> Cough               | <input type="checkbox"/> Diarrhea                   | <input type="checkbox"/> Nausea or vomiting       |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Fatigue                    | <input type="checkbox"/> Congestion or runny nose |
| <input type="checkbox"/> Chills              | <input type="checkbox"/> Headache                   | <input type="checkbox"/> Sore throat              |

2. In the past 14 days I have not cared for or been in close contact with someone with suspected or confirmed COVID-19. *(Close contact is defined as within 6 feet for more than 10 minutes (cumulatively) without wearing personal protective equipment.)*

3. My temperature is at or below 100.4° F. *(I understand that until further notice I must take my temperature daily before reporting to the office).*

4. I understand that if I have been tested for COVID-19, I may not return to work unless I meet the Return to Work Criteria found in the Supervisors Guidance for COVID-19, Appendix 3 of the DOC COVID Response Plan

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date