

COVID-19 RISK EXPOSURE ACTIVITIES WORKSHEET			DATE
I. INDIVIDUAL DATA INFORMATION			
GRADE/NAME <small>(Last, First, Middle Initial)</small>	AGE	UNIT/OFFICE SYMBOL	DUTY PHONE
LIST POSSIBLE COVID-19 RISK EXPOSURE ACTIVITIES <small>(Travel to include TDY, Leave, Deployment, etc.)</small>			
Have you experienced COVID-19 related symptoms? <div style="display: flex; justify-content: space-around; width: 100%;"> YES NO Don't Know </div>		Do you have essential travel items? (Sanitizing wipes, facial covering, hand sanitizer, etc) <div style="display: flex; justify-content: space-around; width: 100%;"> YES NO </div>	
IDENTIFY HOW YOU PLAN TO MINIMIZE YOUR RISK OF EXPOSURE TO COVID-19 Location Green ? Y / N Must be green for leave. Travel Risk Assessment: Low / Medium / High If High consult public health before departure. <div style="color: red; text-align: center; padding: 10px;"> On return: If you have any symptoms or suspect exposure DO NOT COME TO WORK and contact public health immediately! </div>			
HAZARDS OF COVID-19			
STANDARD GUIDANCE TO REDUCE RISK OF EXPOSURE		LOCATION/AREA WHERE ACTIVITY WILL OCCUR <small>(i.e. business, location, name, address & phone number)</small>	
II. INTERACTIVE DISCUSSION			
BRIEFING INSTRUCTIONS. Discuss training, experience, use of PPE, rules, and precautions with personnel participating in activities that increase risk of exposure to COVID-19. This risk assessment is not intended to prohibit personnel from participating in high-risk activities, but to ensure they are familiar with the hazards and illness potential of these activities. Ensure personnel wishing to participate in high-risk activities use appropriate safety measures. The individual must exercise sound judgment and self-discipline and not put wellness, life, or the performance of his or her Air Force duties in jeopardy.			
PRECONDITIONS AGREED UPON DURING BRIEFING <small>(i.e., specific location, special equipment, medical screening)</small>			
DATE <small>(YYYYMMDD)</small>	SIGNATURE OF MEMBER		
DATE <small>(YYYYMMDD)</small>	SIGNATURE OF COMMANDER/DELEGATE		
FOR OFFICIAL USE ONLY			
AUTHORITY: PRINCIPLE PURPOSES: For documentation of COVID-19 risk exposure activities briefing for Force Health Protection. ROUTINE USES: Used to create a record of briefing on COVID-19 risk exposure activities.			

ADDITIONAL COMMENTS

(reverse)