

COVID-19 RISK EXPOSURE ACTIVITIES WORKSHEET			DATE
<b>I. INDIVIDUAL DATA INFORMATION</b>			
GRADE/NAME <i>(Last, First, Middle Initial)</i>	AGE	UNIT/OFFICE SYMBOL	DUTY PHONE
LIST POSSIBLE COVID-19 RISK EXPOSURE ACTIVITIES <i>(Travel to include TDY, Leave, Deployment, etc.)</i>			
Have you experienced COVID-19 related symptoms? YES      NO      Don't Know		Do you have essential travel items? (Sanitizing wipes, facial covering, hand sanitizer, etc) YES      NO	
IDENTIFY HOW YOU PLAN TO MINIMIZE YOUR RISK OF EXPOSURE TO COVID-19. BE SURE TO INCLUDE DATES AND MODE OF TRAVEL			
HAZARDS OF COVID-19			
STANDARD GUIDANCE TO REDUCE RISK OF EXPOSURE		LOCATION/AREA WHERE ACTIVITY WILL OCCUR <i>(i.e. business, location, name, address &amp; phone number)</i>	
<b>II. INTERACTIVE DISCUSSION</b>			
<i>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.</i>			
PRECONDITIONS AGREED UPON DURING BRIEFING <i>(i.e., specific location, special equipment, medical screening)</i>			
DATE <i>(YYYYMMDD)</i>	SIGNATURE OF MEMBER		
DATE <i>(YYYYMMDD)</i>	SIGNATURE OF COMMANDER/DELEGATE		
<b>FOR OFFICIAL USE ONLY</b>			
<b>AUTHORITY:</b> <b>PRINCIPLE PURPOSES:</b> For documentation of COVID-19 risk exposure activities briefing for Force Health Protection. <b>ROUTINE USES:</b> Used to create a record of briefing on COVID-19 risk exposure activities.			

**ADDITIONAL COMMENTS**

*(reverse)*