



JOINT FORCE HEADQUARTERS VIRGIN ISLANDS NATIONAL GUARD
RR1 BOX 9201, KINGSHILL VI 00850-9731

Use of this form to be completed after travel before returning to work, if sick and/or as extra precautionary measures if needed. The information is being collected as a part of the public health response to the outbreak of the coronavirus in many countries in the World and the United States. The information will be used by the Office of the State Surgeon and shared with Department of Health if necessary.

Section 1: Employee Information			
Name(Last, First, MI)	Sex: M F	DOD #	Date of Birth(dd/mm/yyyy)
Unit/Work Area: Job Title:		Status: (circle one) AGR ADOS Technician	Immediate Supervisor/Commander
Section 2: Contact Information			
Home address(physical): Work Address(if M-DAY):		Work Phone:	
		Cell Phone:	
		Email Address(work):	
		Email address(personal):	
Section 3: Public Health Information			
Today or in the past 14 days, have you had any of the following symptom?			
Yes	No	1. Fever(38C/100.5 F)or higher	
Yes	No	2. Persistent Cough	
Yes	No	3. Difficulty Breathing	
Yes	No	4. Headache	
Yes	No	5. Loss of taste or smell	
Yes	No	6. Aches and pain	
Yes	No	7. Sore throat	

Section 3: Public Health Information	
Today or in the past 21 days, have you had any of the following symptom?	
Yes No Don't Know	8. Lived in a household or had contact with a person sick with COVID-19?
Yes No Don't Know	9. Have been in contact with a person or persons who tested positive for COVID19(Coronavirus)

Section 4: Recent Travel Information	
Countries Visited: List all states or countries visited during your travel before arrival to the Territory (include all transit stops and airports with dates)	
What is departure date from Territory?	
State/Country: _____ Airport: _____ Date: _____	State/Country: _____ Airport: _____ Date: _____
State/Country: _____ Airport: _____ Date: _____	State/Country: _____ Airport: _____ Date: _____

Employee Signature: _____ Date: _____

Submit to immediate supervisor or to the Deputy States Surgeon Office.