



Self-Screening Steps for all DHS employees

One hour (1) prior to entering a DHS building or reporting to work in the field:

1. On your agency issued cellphone, click the “DC Self Screen” icon.
2. Log-in with your government email address in this format: firstname.lastname@dc.gov; enter your computer login password.
3. Answer the screening questions.
4. If you answer “no” to all three questions, your screen will read “We’re glad to see you are feeling well today.” You will be instructed to finalize the survey and report for duty.
5. If you answer “yes” to any question, your screen will read “Attention Needed”
 - ✓ Contact your supervisor by phone immediately
 - ✓ **Do not report to the office or your community assignment**
 - ✓ Your supervisor will advise if your work may be performed virtually
 - ✓ You **may** need to consult your medical provider
 - ✓ If you have a positive screen AND you have a medical condition unrelated to COVID-19 that causes you to experience [symptoms of COVID-19](#), in addition to contacting your supervisor, you must also contact OHR ask ask.ohr@dc.gov, for clearance to report to work.



Survey Questions

4:01 forms.office.com

Daily Wellness Self-Screening (v2)

To help mitigate the risk of infection at District government facilities, please answer the following questions to the best of your ability regarding your personal health.

Hi [redacted], when you submit this form, the owner will be able to see your name and email address.

* Required

1. Are you experiencing any of the following symptoms?

Chills
Cough
Fatigue or muscle pain
Feeling unwell (not your usual state of health)
Fever (Temperature above 100°F)
Loss of ability to taste or smell
Shortness of breath or difficulty breathing
Sore throat *

Yes
 No

Next

4:01 forms.office.com

Yes
 No

2. Within the last two weeks, have you had close contact with someone who has COVID-19? (Close contact means being within 6 feet of someone for 15 minutes or more who has COVID-19.) *

Yes
 No

Next

Page 1 of 4

This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password.

Powered by Microsoft Forms | Privacy and cookies | Terms of use

4:01 forms.office.com

(Close contact means being within 6 feet of someone for 15 minutes or more who has COVID-19.) *

Yes
 No

3. Are you awaiting a COVID-19 test result or have you been told to self-isolate? *

Yes
 No

Next

Page 1 of 4

This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password.

Powered by Microsoft Forms | Privacy and cookies | Terms of use

4:01 forms.office.com

Daily Wellness Self-Screening (v2)

Almost done ...

We're glad to see you are feeling well today!

Based on DC Health guidance, after completing the next section, you are cleared to report to your duty station. Keep in mind, that by reporting for duty you are agreeing that you are feeling well and that you do not pose a health or safety risk to your coworkers.

Back Next

Page 3 of 4

This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password.

Powered by Microsoft Forms | Privacy and cookies | Terms of use

4:01 forms.office.com

Daily Wellness Self-Screening (v2)

* Required

Submit Self-Wellness Check

4. We all have a role to play in keeping the District of Columbia government's workforce health and safety. By submitting this form you assert that the information you are supplying is true and accurate and that the willful submission of false information may result in administrative action. *

I acknowledge that the I have read the entirety of this form and that the information I have supplied is true to the best of my knowledge.

Back Submit

Page 4 of 4

This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password.

Powered by Microsoft Forms | Privacy and cookies | Terms of use

If you are unable to complete the screening via the app or [web form](#) before your arrival to work, please contact your supervisor for further instruction.