



Navy Child and Youth Programs  
COVID-19 Enhanced Health Screening  
*Revised March 2022*

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**Enclosure (1)**  
**CYP Enhanced Health Screening Questionnaire**

**Instructions:** All individuals entering any CYP facility or Child Development Home are required to use this questionnaire to self-screen or screen their children prior to entering the facility. If you are denied entry based on your answers below or a temperature screening (if applicable), you are not authorized access to the facility and child(ren) are not authorized to be accepted for care today. You are not required to maintain documentation of your self-screening or provide documentation of your screening to the CYP.

1. Are you currently experiencing any symptoms of COVID-19 such as a fever (100.4 degrees or higher), cough, shortness of breath or difficulty breathing, fatigue, chills, sore throat, muscle and body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea?

**If YES, entry is not authorized.**  
**If NO, proceed to question 2.**

2. In the past 5 days, have you tested positive for COVID-19?

**If YES, entry is not authorized.**  
**If NO, proceed to question 3.**

3. In the past 5 days, have you had close contact\* with someone who has tested positive for COVID-19 or has symptoms consistent with COVID-19?

**If NO, entry is authorized subject to a temperature screening.**

**If YES, and you are up to date with your COVID-19 vaccines or had confirmed COVID-19 within the last 90 days (meaning you tested positive using a viral test), entry is authorized subject to a temperature screening (if applicable).**

**If YES, and you are not up to date with your COVID-19 vaccines or have not had confirmed COVID-19 within the last 90 days, entry is not authorized.**

*\* A close contact is defined as someone who was within 6 feet of a person who has contracted COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period.*