

SELF ASSESMENT INSTRUMENT OF RISK OF COVID-19

Name :
 Identity Number (ID/KTP) :
 Purpose :
 Date :

For general health and safety purpose, employee shall be **HONEST** in answering the following questions. During the last 14 days, have you experience the following symptoms:

No.	QUESTION	YES	NO	IF YES, POINT	IF NO, POINT
1.	Have you left the house / to public places? (market, health care facilities, crowd, and others?)			1	0
2.	Have you used public transportation?			1	0
3.	Have you travel out of town/international? (to infected areas / red zone)			1	0
4.	Have you involved in activities involving gathering of people?			1	0
5.	Do you have history of close contact with people diagnosed as Suspect Case, Probable Case, Confirmed Case, Close Contact and/or Discarded of COVID-19? (handshake, speaking, assemble in a room/a house?)			5	0
6.	Have you experience any fever/cough/sore throat/or breathing difficulties in the last 14 days?			5	0
TOTAL					

0= Minor Risk

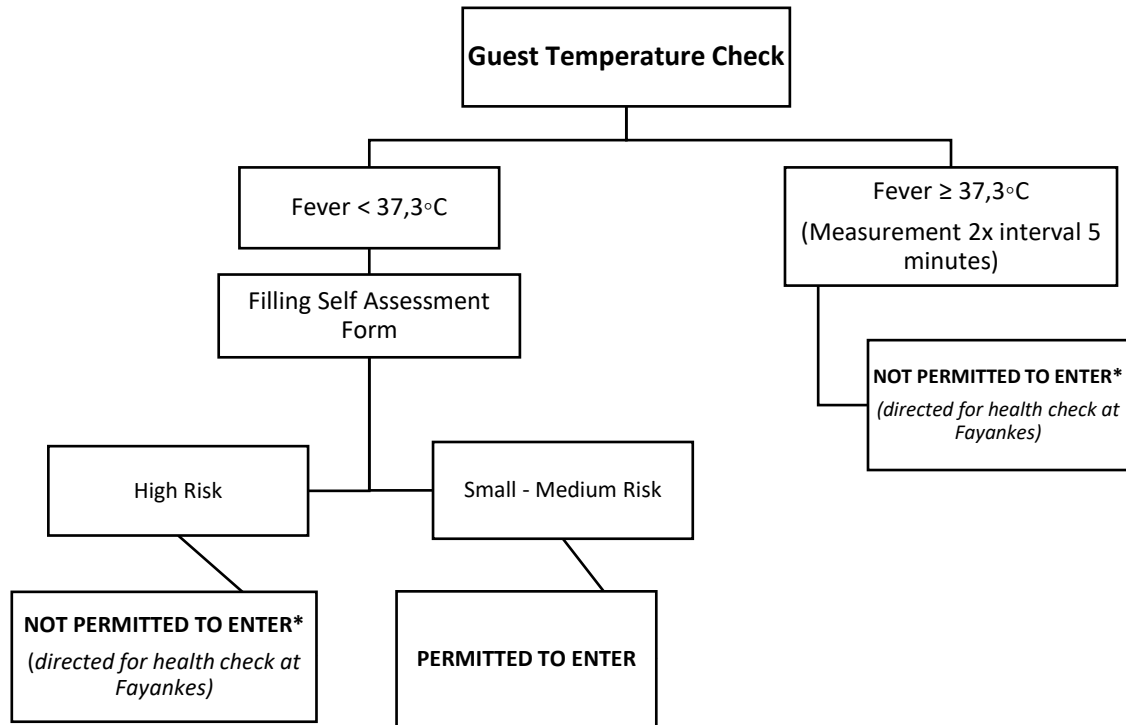
1-4= Medium Risk

> 5= Large Risk

Follow up:

- High risk, to conducted further investigation and shall not be permitted to enter the premises. Guest shall have RT-PCR examination, if not provided, Rapid Test by the medical officer/local health care facilities may be performed.
- Minor risk – medium, permitted to enter the premises with temperature check on the entrance. For temperature $\geq 37.3C$ shall be investigated and checked by the medical officer. If it is certain that the guest does not fulfill the Suspect Case, Probable Case, Confirmed Case, Close Contact and/or Discarded criteria, employee may enter the premises.

SELF ASSESMENT COVID-19 RESULT FOLLOW UP CHART



*) Remark:

- Guest : shall not be permitted to enter the premises