

**INSTRUMEN SELF ASSESSMENT RESIKO OF COVID-19**

Nama : .....  
NIK (No. KTP) : .....  
Keperluan : .....  
Tanggal : .....

Demi kesehatan dan keselamatan bersama di tempat acara, anda harus **JUJUR** dalam menjawab pertanyaan di bawah ini.

Dalam 14 hari terakhir, apakah anda pernah mengalami hal hal berikut:

No.	PERTANYAAN	YA	TIDAK	JIKA YA, SKOR	JIKA TIDAK, SKOR
1.	Apakah pernah keluar rumah/ tempat umum (pasar, fasyankes, kerumunan orang, dan lain lain)?			1	0
2.	Apakah pernah menggunakan transportasi umum?			1	0
3.	Apakah pernah melakukan perjalanan ke luar kota/internasional? (wilayah yang terjangkit/zona merah)			1	0
4.	Apakah anda mengikuti kegiatan yang melibatkan orang banyak?			1	0
5.	Apakah memiliki riwayat kontak erat dengan orang yang dinyatakan ODP, PDP atau konfirm COVID-19 (berjabat tangan, berbicara, berada dalam satu ruangan/ satu rumah)?			5	0
6.	Apakah pernah mengalami demam/ batuk/pilek/sakit tenggorokan/sesak dalam 14 hari terakhir?			5	0
<b>TOTAL</b>					

0 = Risiko Kecil

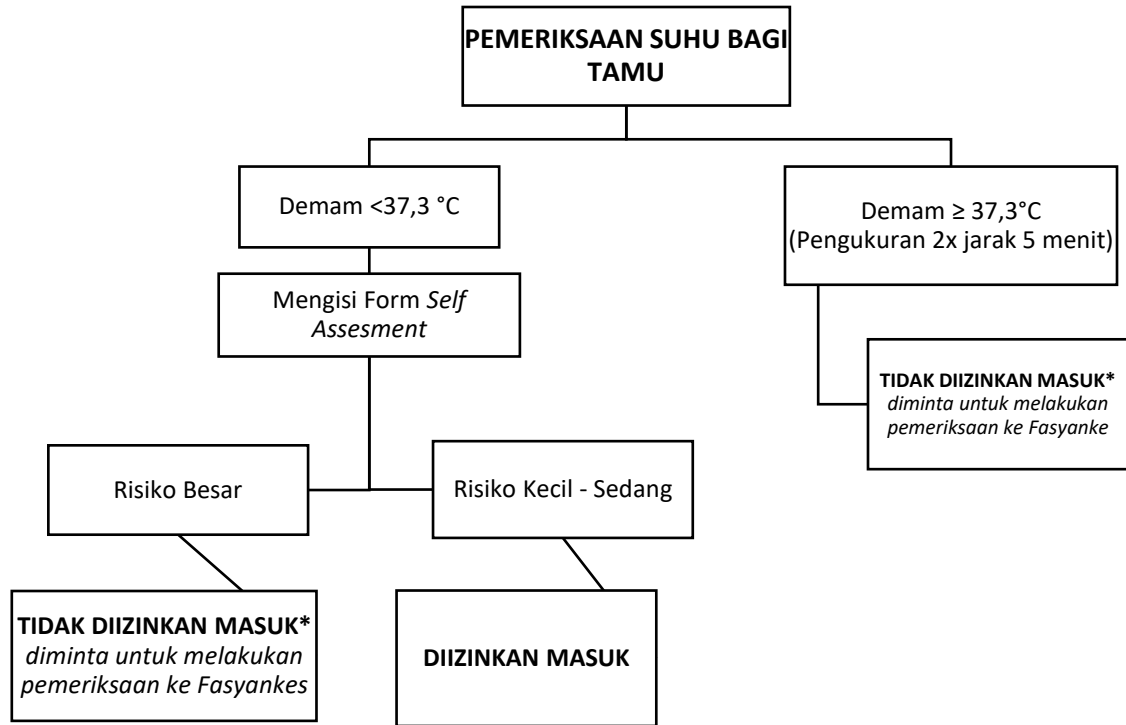
1-4 = Risiko Sedang

> 5 = Risiko Besar

**TINDAK LANJUT:**

- Risiko besar, agar dilakukan investigasi dan tidak diperkenankan masuk ke tempat acara. Tamu dilakukan pemeriksaan RT-PCR, jika tidak tersedia dapat dilakukan Rapid Tes oleh petugas kesehatan/fasyankes setempat.
- Risiko kecil - sedang, diperbolehkan masuk namun dilakukan pemeriksaan suhu di pintu masuk. Apabila didapatkan suhu  $\geq 37,3^{\circ}\text{C}$  agar dilakukan investigasi dan pemeriksaan petugas kesehatan. Jika dipastikan tamu tidak memenuhi kriteria OTG, ODP atau PDP. Tamu dapat masuk ke tempat acara.

## ALUR TINDAK LANJUT HASIL SELF ASSESSMENT RISIKO COVID-19



\*) Keterangan :

- Tamu : tidak diijinkan masuk tempat acara lebih dalam lagi.

**SELF ASSESSMENT 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:

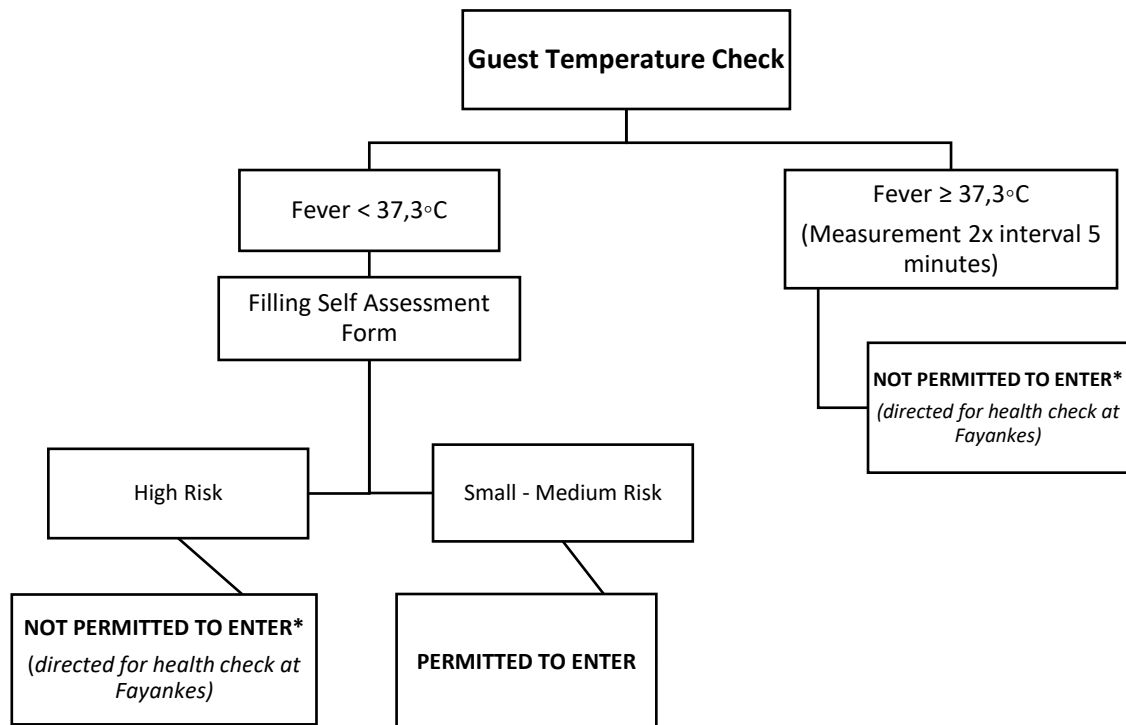
No.	QUESTION	YES	NO	IF YES, POINT	IF NO, POINT
1.	Have you left the house / to public places? (market, health care facilities, crowd, and others?)			1	0
2.	Have you used public transportation?			1	0
3.	Have you travel out of town/international? (to infected areas / red zone)			1	0
4.	Have you involved in activities involving gathering og people?			1	0
5.	Do you have history of close contact with people diagnosed as ODP, PDP, or confirmed 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 OTG, ODP or PDP criteria, employee may enter the premises.

## SELF ASSESMENT COVID-19 RESULT FOLLOW UP CHART



\*) Remark:

- Guest : shall not be permitted to enter the premises