



Reserve Action Bulletin



Adjustments to Reservist Pre-Activation Screening for COVID-19

Effective immediately, the Modified Screening for Contingency Operations – Non-Expeditionary form, CG-6100-1, is no longer required for SELRES candidates identified for activation. However, pre-screening is still necessary to ensure the health, safety, and readiness of Commands and individuals.

Commands are entrusted with screening mobilization candidates to make informed decisions. RFRS or unit admin staff should administratively screen reservists prior to being considered or selected for activation to assess COVID-19 risks and status. As a baseline, the following screening questions and considerations should be used to determine an individual's mobilization readiness. This COVID-19 screening does not replace or supersede usual screening for mobilization. Screening may be performed in person, by telephone, or email.

Commands and personnel are reminded that COVID-19 Frequently Asked Questions can be found on the Portal at: <https://www.uscg.mil/Coronavirus/FAQ/>

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COVID-19 Response Risk Assessment Screening – USCG Reserve Personnel

Reservists must be administratively screened, prior to selection for activation, by Reserve Force Readiness System (RFRS) or unit admin staff. Screening may be performed by telephone or email. Commands should use screening responses to make or inform activation and mobilization decisions. "Yes" responses to questions require additional information. If a member responds "Yes" to questions 1-3, it is recommended that selection for activation be delayed and the member be rescreened 15-days following symptoms, diagnosis or quarantine/ isolation.

This administrative COVID-19 screening does not replace nor supersede normal screening for activation nor medical requirements as set forth in the Coast Guard Medical Manual, COMDTINST M6000.1 (series).

COVID-19 Activation Risk Assessment Screening

Name: _____ Date: _____
Rate/Rank Last, First, M.I.

Unit: _____

Mbrs anticipated location, City/State at time of activation: _____

1. Are you experiencing COVID-19* or flu-like symptoms? YES NO If yes, specify: _____

2. Are you currently diagnosed or, presumed COVID-19 (+), or under quarantine/isolation due to exposure? YES NO If yes, specify diagnosis or quarantine/ isolation date: _____

3. Do you live with someone currently diagnosed with or presumed COVID-19 (+)? YES NO If yes, diagnosis date? _____

4. Is your family care plan negatively impacted by the pandemic making it impractical to deploy at this time? YES NO If yes, describe: _____

5. Have you received the COVID-19 Vaccine? YES NO If yes, are you fully vaccinated?: YES NO
If not yet fully vaccinated, provide vaccine manufacturer & date of second dose to determine delay of activation or vaccine availability at mobilization site:

CDC defined COVID-19 symptoms*: Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea)

I certify that my answers are true and complete to the best of my knowledge.

Mbr Signature: _____ Date: _____

When screened by telephone, mbr signature is not required.

Screeener Name /Unit: _____ Date: _____

Commands are not required to forward this to CG Clinic Staff but are encouraged to consult with local CG Medical Officers if there is concern about activating specific reservists.