

PERSONNEL ACCOUNTABILITY AND ASSESSMENT NOTIFICATION FOR A PUBLIC HEALTH EMERGENCY

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The principal purpose of this form is to collect information used to protect the health and safety of individuals working in, residing on, or assigned to DoD installations, facilities, field operations and commands, and to protect the DoD mission. When authorized by DoD, this form may be used to provide information about individuals who are infected or otherwise impacted by a public health emergency or similar occurrence or when there is an isolated incident in which an individual learns they have been exposed to a communicable disease constituting a significant public health concern. Only one form per Affected Individual is required.

PRIVACY ACT STATEMENT

Authority: 10 U.S.C. 113, Secretary of Defense; 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 7013, Secretary of the Army; 10 U.S.C. 8013, Secretary of the Navy; 10 U.S.C. 9013, Secretary of the Air Force; 10 U.S.C. 2672, Protection of Buildings, Grounds, Property, and Persons; DoD Instruction 6200.03, Public Health Emergency Management (PHEM) Within the DoD; and DoD Instruction 6055.17, DoD Emergency Management (EM) Program.

Principal Purpose: To accomplish personnel accountability and conduct status assessments for DoD-affiliated personnel during a public health emergency, including a pandemic, major public health outbreak, or similar crisis, or when directed by the Secretary of Defense. Information will be used to inform the agency's response to the emergency, including measures to ensure the safety and protection of the workforce and workplace.

Routine Use(s): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records may specifically be disclosed outside of DoD as a routine use under 5 U.S.C. 552a(b)(3), including as follows: To persons, organizations, or Governmental entities (e.g., other Federal, State, territorial, local, or foreign, or international Government agencies or entities, first responders, American Red Cross, etc.), as is necessary and relevant to notify them of, respond to, or guard against a public health emergency, or other similar crisis. To contractors, grantees, and others performing or working on a contract, grant, or similar assignment for the federal government when necessary to accomplish an agency function related to this system of records.

A complete list of routine uses may be found in the applicable System of Records Notice (SORN), DPR 39 DoD, "DoD Personnel Accountability and Assessment System, at <https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DPR-39-DoD.pdf>.

Disclosure: Voluntary; however, failure to provide such information may hinder DoD's ability to respond effectively to the public health emergency or crisis, thereby increasing the health or safety risk to DoD-affiliated personnel and its facilities. Failure to provide such information may also result in restricting the Affected Individual's access to DoD facilities.

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-forms@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

SECTION I: SUBMITTER INFORMATION

1. REPORT DATE: _____ 2. REPORT TYPE (*Select one*): Initial Corrections Update

If you are self-reporting, skip to SECTION II

3. SUBMITTER NAME (*Last, First, Middle initial*): _____ 4. JOB TITLE : _____ 5. OFFICE: _____

6. RELATIONSHIP TO AFFECTED INDIVIDUAL: _____ 7. If *Other*, Describe: _____

8. PHONE NUMBER: _____ 9. E-MAIL ADDRESS: _____

SECTION II: AFFECTED INDIVIDUAL INFORMATION

1. DOD ID NUMBER: _____ 2. NAME (*Last, First, Middle Initial*): _____ 3. RANK/GRADE (*If military*): _____ 4. DOD AFFILIATION: _____

5. PHONE NUMBER: _____ 6. ALT PHONE NUMBER (*Optional*): _____ 7. E-MAIL ADDRESS: _____ 8. ALT E-MAIL ADDRESS (*Optional*): _____

9. LOCATION AT TIME OF EXPOSURE: _____ 10. CONUS/OCONUS TRAVEL WITHIN THE LAST 30 DAYS? (*Outside local commuting area*): No Yes (*List location(s) and dates below*)

11. LOCATION: _____ 12. DATE RETURNED: _____

SECTION III: TYPE OF CONFIRMED OR POSSIBLE HEALTH/SAFETY ISSUE

<p>1. POSSIBLE HEALTH OR SAFETY ISSUE:</p> <p><input type="checkbox"/> Communicable Diseases (e.g., Smallpox, Cholera, COVID-19, etc.)</p> <p><input type="checkbox"/> Biological Attack/Exposure</p>	<p>2. NAME OF DISEASE OR BIOLOGICAL ATTACK: <i>If other:</i></p> <p>3. DATE TESTED:</p> <p>4. DATE RESULTS RECEIVED:</p> <p>5. TEST RESULTS: <input type="checkbox"/> Positive <input type="checkbox"/> Negative</p> <p>6. DATE OF POTENTIAL EXPOSURE:</p>
<p>7. SYMPTOM STATUS: <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic</p>	<p>8. DATE SYMPTOMS BEGAN (If applicable):</p>
<p>9. CURRENT STATUS (Check one):</p> <p><input type="checkbox"/> SELF ISOLATION: Date Started: <input type="checkbox"/> Illness <input type="checkbox"/> Close Contact <input type="checkbox"/> Travel</p> <p><input type="checkbox"/> ISOLATION: By Whom: Date Started:</p> <p><input type="checkbox"/> DIRECTED QUARANTINE: By Whom: Date Started:</p> <p><input type="checkbox"/> HOSPITALIZED: Date Started:</p> <p><input type="checkbox"/> RETURNED TO DUTY/RECOVERED: Date:</p>	
<p>10. POINT OF CONTACT FOR CONTACT TRACING (If applicable): <input type="checkbox"/> Submitter <input type="checkbox"/> Affected Individual <input type="checkbox"/> Other</p>	
<p>11. IF OTHER, FULL NAME OF POINT OF CONTACT (Last, First, Middle):</p>	<p>12. ORGANIZATION/OFFICE:</p>
<p>13. RELATIONSHIP TO AFFECTED INDIVIDUAL:</p>	<p>14. PHONE NUMBER:</p>
<p>15. E-MAIL ADDRESS:</p>	

SECTION IV: AFFECTED INDIVIDUAL OFFICE INFORMATION

<p>1. ASSIGNED DOD COMPONENT, DEFENSE AGENCY, FIELD ACTIVITY OR MILITARY DEPARTMENT:</p>
<p>2. PRIMARY WORK LOCATION:</p> <p><input type="checkbox"/> NATIONAL CAPITAL REGION (NCR) <input type="checkbox"/> CONUS (other than NCR) <input type="checkbox"/> OCONUS</p> <p><input type="checkbox"/> PENTAGON City and State: Country:</p> <p><input type="checkbox"/> MARK CENTER</p> <p><input type="checkbox"/> RAVEN ROCK (RRMC) Military Installation: Military Installation:</p> <p><input type="checkbox"/> DEFENSE HEALTH HEADQUARTERS (DHHQ)</p> <p><input type="checkbox"/> LEASED FACILITY (Provide Address):</p> <p><input type="checkbox"/> OTHER:</p>
<p>3. ADDITIONAL DOD FACILITIES AFFECTED INDIVIDUAL ACCESSED AND DATES:</p>

SECTION V: FOR AGENCY USE ONLY

<p>1. NAME OF CALL TAKER (Last, First, MI):</p>	<p>2. AFFILIATION/ORGANIZATION:</p>	<p>3. PHONE NUMBER:</p>	<p>4. E-MAIL ADDRESS:</p>
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INSTRUCTIONS

SECTION I - SUBMITTER INFORMATION

This section will be filled out by the individual reporting about the Affected Individual. This may include a supervisor, agency representative, a contracting officer representative, or if the Affected Individual was a visitor to a DoD facility, the DoD employee who sponsored the individual.

1. **REPORT DATE:** Submission date.
2. **REPORT TYPE:** Indicate if this is an Initial report, an update to a previously submitted report, or a correction to a previously submitted report.

NOTE: If you are self-reporting, you can skip directly to Section II.

3. **SUBMITTER NAME:** Enter the full name of the individual submitting the report.
4. **JOB TITLE:** Describe submitter's job or position, e.g., Training Coordinator.
5. **OFFICE:** Describe submitter's office within your organization, e.g., Machine Shop.
6. **RELATIONSHIP TO THE AFFECTED INDIVIDUAL:** Select from one of the choices provided.
7. **IF OTHER, DESCRIBE:** If the answer to question 5. is 'Other,' describe in the space provided.
8. **PHONE NUMBER:** Enter the best contact number.
9. **E-MAIL ADDRESS:** Enter the best contact e-mail address. Contact information is required in the event there are questions about the information submitted on the form.

SECTION II: AFFECTED INDIVIDUAL INFORMATION

This information may be used to make decisions to protect the health and safety of DoD personnel and facilities. It may also be used to notify other individuals who may have contacted the Affected Individual.

1. **DOD ID#:** Enter DoD ID#; the ten-digit number located on the back of the individual's Common Access Card or the front of the individual's Military ID.
2. **FULL NAME OF SUBJECT:** Enter the full name of the Affected Individual (Last Name, First Name, and Middle Initial) i.e., the individual affected by the disease, agent, or condition.
3. **RANK/GRADE:** For military members, please provide their rank and pay grade.
4. **DOD AFFILIATION:** Select from one of the choices provided.
5. **PHONE NUMBER:** Enter the best contact number.
6. **ALTERNATE PHONE NUMBER:** Optional: enter alternate office number, Government cell phone, or home number.
7. **E-MAIL ADDRESS:** Enter the best contact e-mail address. Contact information is required in the event there are questions about the information submitted on the form.
8. **ALTERNATE E-MAIL ADDRESS:** Optional: enter any additional optional contact e-mail address.
9. **LOCATION AT TIME OF EXPOSURE:** At the time of exposure, the Affected Individual may not be at home station (i.e., they were traveling, deployed, etc.). Enter location at time Affected Individual was exposed.
10. **CONUS/OCONUS TRAVEL WITHIN LAST 30 DAYS:** Identify whether or not the Affected Individual has traveled within the continental United States (CONUS) outside of the local commuting area, or internationally (OCONUS) within the last 30 days.
11. **LOCATION:** Include the location(s) of travel, if applicable.
12. **DATE RETURNED:** Include the date Affected Individual returned from travel, if applicable.

SECTION III: TYPE OF CONFIRMED OR POSSIBLE HEALTH/SAFETY ISSUE

Provide information on the specific type of health or safety issue related to a public health emergency.

1. **POSSIBLE HEALTH OR SAFETY ISSUE:** Select from one of the choices provided.
2. **NAME OF DISEASE OR BIOLOGICAL ATTACK:** Enter name of disease or biological agent of the Affected Individual.
3. **DATE TESTED:** Provide the Affected Individual's test date.
4. **DATE RESULTS RECEIVED:** Provide the dates the test results were received.
5. **TEST RESULTS:** Select from one of the choices provided.
6. **DATE OF POTENTIAL EXPOSURE:** If the Affected Individual was in contact with an infected or symptomatic person, include the date of their potential exposure, if known.
7. **SYMPTOM STATUS:** Choose one option; Symptomatic/Asymptomatic.
8. **DATE SYMPTOMS BEGAN:** Include the date the symptoms began.
9. **CURRENT STATUS:** Choose the current status of the Affected Individual. If they are self-isolating, include the reason why. If they are under quarantine, include who directed them to quarantine: provide the date that the quarantine or isolation began, if applicable.
10. **POINT OF CONTACT FOR CONTACT TRACING (if applicable):** Point of contact for identifying persons who may have come into contact with the affected individual. Select one of the options.
11. **FULL NAME OF POINT OF CONTACT:** If 'Other' is selected in question 12., enter the 'Other' Point of Contact (Last Name, First Name, and Middle Initial).
12. **ORGANIZATION/OFFICE:** If applicable, provide information about Other Point of Contact's workplace, e.g., XYZ Company, IT Support Division.
13. **RELATIONSHIP TO THE AFFECTED INDIVIDUAL:** Enter the point of contact's relationship to the affected individual.
14. **PHONE NUMBER:** Enter the best contact number.
15. **E-MAIL ADDRESS:** Enter the best contact e-mail address. Contact information is required in the event there are questions about the information submitted on the form.

SECTION IV - AFFECTED INDIVIDUAL OFFICE INFORMATION

This section is for information on the Affected Individual's organization and workplace.

- 1. ASSIGNED DOD COMPONENT:** Enter the DoD Component to which the Affected Individual is assigned. If the Affected Individual is a military service member, they may be assigned to their branch of service or another DoD Component.
- 2. PRIMARY WORK LOCATION:** Select from one of the choices provided. Within the NCR, select all locations the Affected Individual is authorized to access. For CONUS locations outside of the NCR, provide at least one; city/state or Military Installation. For OCONUS locations, provide both country and military installation, if applicable.
- 3. ADDITIONAL DOD FACILITIES AFFECTED INDIVIDUAL ACCESSED AND DATES:** List additional Government facilities Affected Individual accessed while infected or exposed that are not listed under Primary Work Location above. Provide relevant dates.

SECTION V: FOR AGENCY USE ONLY

This section is for the use of the agency that is collecting and processing this form.

- 1. NAME OF CALL TAKER:** Individual who is processing the form.
- 2. AFFILIATION/ORGANIZATION:** Enter call-takers affiliation and organization.
- 3. PHONE NUMBER:** Enter the best contact number.
- 4. E-MAIL ADDRESS:** Enter the best contact e-mail address.

TERMS & DEFINITIONS

Affected Individual: An individual who is infected with or exposed to a communicable disease constituting a significant public health concern or otherwise impacted by a public health emergency.

Asymptomatic: Producing or showing no symptoms., (i.e., An Affected Individual has an illness or condition but does not have symptoms of it or has recovered from an illness or condition and no longer has symptoms.)

Call-Taker: The individual who receives/processes the form on behalf of the installation commander or senior DoD official.

Communicable Disease: An illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected or Affected Individual, animal, or a reservoir to a susceptible host, either directly or indirectly through an intermediate animal host, vector, or the inanimate environment.

Contact Tracing: Activities that involve working with an infected individual (symptomatic or asymptomatic) who has been diagnosed with an infectious disease to identify and provide support to people (contacts) who may have been exposed through contact with the infected individual.

Isolation: The separation of sick people with a contagious disease from people who are not sick. **Isolation** keeps someone who is infected with a contagious illness away from others, even in their home.

Public Health Emergency: An occurrence or imminent threat of an illness or health condition that poses: A high probability of a significant number of deaths in the affected population considering the severity and probability of the event; A significant number of serious or long-term disabilities in the affected population considering the severity and probability of the event; widespread exposure to an infectious or toxic agent, including those of zoonotic origin, that poses a significant risk of substantial future harm to a large number of people in the affected population; health care needs that exceed available resources; or severe degradation of mission capabilities or normal operations.

Quarantine: The separation of a healthy individual or group, exposed to a communicable disease, to prevent further exposure to others. Keeps someone who might have been exposed to a contagious illness away from others.

Self-Isolation: The voluntary separation of an Affected Individual from people who are not sick, to prevent the spread of a communicable disease.

Symptomatic: Showing symptoms of disease or injury.