

Auxiliary COVID-19 High-Risk Assessment Form

PRIVACY ACT STATEMENT

Authority: 5 U.S.C. § 301; 44 U.S.C. § 3101; 14 U.S.C. §§ 3902-3904; 14 U.S.C. §§ 3912-3913; 14 U.S.C. § 93, Commandant; general powers
Purpose: To assess a Coast Guard Auxiliarist's suitability for Assignment of Duty and being in a Centers for Disease Control high risk category during the COVID-19 pandemic.
Routine Uses: United States Coast Guard officials will use this information to assess the ability of Auxiliary personnel to return to their assignment of duty as the restrictions under the COVID-19 pandemic begin to relax. Any external disclosures of Auxiliarist information within this record will be made in accordance with DHS/USCG-024 Auxiliary Database, 79 FR 23001 (April 25, 2014).
Disclosure: Furnishing this information is strictly voluntary. However, failure to provide this information may result in delay in approval. In order to assist with maintaining confidentiality, respondents are advised not to include any additional personally identifiable information (PII) or personal health information (PHI) in their free-form responses.

CENTERS FOR DISEASE CONTROL (CDC) GUIDANCE / HIGH-RISK CATEGORY:

In order to enable the Coast Guard to assess your suitability for assignment to duty, you must complete and submit this form before you can expect to be assigned to duty. In order to document this information based on the most recent Centers for Disease Control (CDC) guidance to date, please review the list below, complete Blocks 1 and 2, and submit this completed form directly to your District Director of Auxiliary.

- *All ages with underlying medical conditions, are at increased risk of severe illness from COVID-19, including:*
 - *Chronic kidney disease*
 - *COPD (chronic obstructive pulmonary disease)*
 - *Immunocompromised state (weakened immune system) from solid organ transplant*
 - *Obesity (body mass index [BMI] of 30 or higher)*
 - *Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies*
 - *Sickle cell disease*
 - *Type 2 diabetes mellitus*

- *The following conditions might be an increased risk from severe illness from COVID-19*
 - *Age 65 and older*
 - *Asthma (moderate-to-severe)*
 - *Cerebrovascular disease (affects blood vessels and blood supply to the brain)*
 - *Cystic fibrosis*
 - *Hypertension or high blood pressure*
 - *Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV use of corticosteroids, or use of other immune weakening medicines*
 - *Neurologic conditions, such as dementia*
 - *Liver disease*
 - *Pregnancy*
 - *Pulmonary fibrosis (having damage or scarred lung tissues)*
 - *Smoking*
 - *Thalassemia (a type of blood disorder)*
 - *Type 1 diabetes mellitus*

BLOCK 1 – AUXILIARY MEMBER INFORMATION

Auxiliary Member Name (Please Print (Last, First)):

Auxiliary Unit (District-Division-Flotilla Number):

Auxiliary Member ID Number:

BLOCK 2 – AUXILIARY MEMBER CERTIFICATION

I hereby certify that as of this date (check all that apply):

- I, and/or a household member of mine, fall into at least one of the high-risk categories outlined in the above CDC guidance; **OR**
- I and household members don't fall into one of the high-risk categories outlined in the above CDC guidance.

AND

Have you or any of your household members traveled to a THN 2 country or overseas in the last 14 days?

- Yes No (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>)

I understand that:

1. An Order Issuing Authority (OIA) will use the information provided by me to determine my suitability for assignment to duty.
2. The OIA may require additional information to properly assess my suitability for assignment to duty.
3. Providing information that is not accurate or not true may result in disciplinary action.

Disclaimer: Members are reminded to submit a new form only if any of this information changes.

Auxiliary Member's Signature:

Date: