

THE NAVAJO NATION

JONATHAN NEZ | PRESIDENT MYRON LIZER | VICE PRESIDENT



MEMORANDUM

TO: Paulson Chaco, Chief of Staff
Office of the President and Vice President

Speaker Seth Damon
Legislative Branch

Chief Justice JoAnn Jayne
Judicial Branch

FROM: 
Dr. Jill Jim, Executive Director
Navajo Department of Health

DATE: November 29, 2020

SUBJECT: December Navajo Nation Employee Testing

The Navajo Health Command Operations Center scheduled COVID-19 testing for Navajo Nation employees at local chapter houses for the month of December. The COVID-19 testing is to increase access among employees to further reduce transmission of COVID-19. Testing schedule is subject to change due to weather and changes will be communicated timely.

Below is some information to assist with questions:

- Employees will need to bring employee identification to the testing site.
- **ONLY EMPLOYEES THAT TEST POSITIVE WILL BE CONTACTED.**
- Testing is free of charge.
- No appointment necessary.
- Testing is drive-thru.
- Testing is voluntary.
- Complete testing form and bring it with you to the testing site. This will help decrease wait time. Stay in your car when you arrive. A testing team member will collect sample.
- Individuals testing **POSITIVE** will be notified between 2-3 days of test results.
- All test results will be shared with the local health facility for contact tracing.
- Please answer your phone calls, results will not be left on voicemail or text.

- Contact the Coordination Center at 1-844-935-3932 for results and information on Nation Nation COVID-19 isolation and quarantine resources.

For questions, please contact the Navajo Health Command Operations Center at (928) 871-7014.
Thank you for your cooperation.



FREE DRIVE-THRU COVID-19 TESTING

Target Population: First Responders, Navajo Nation Employees

	2020	DECEMBER		
	MON	TUES	WED	THU
Time: 9:00 AM to 4:00 PM MST	30	01	02	03
Locations: Chapter Houses	Kayenta Tuba City	Chinle	Dilkon St. Michaels	Crownpoint Shiprock
Who: First Responders Navajo Nation Employees	07	08	09	10
	Kayenta Tuba City	Chinle	Dilkon St. Michaels	Crownpoint Shiprock
Must have a Tribal ID or other employee verification	14	15	16	17
	Kayenta Tuba City	Chinle	Dilkon St. Michaels	Crownpoint Shiprock
Regular testing is highly recommended for first responders such as EMS, CHR, police officers, public health nurses, home health workers.	21	22	23	24
	Kayenta Tuba City	Chinle	Dilkon St. Michaels	Crownpoint Shiprock
Drive-thru basis, <i>no appointment</i> or doctor's order required	28	29	30	31
	Kayenta Tuba City	Chinle Dilkon St. Michaels	Crownpoint Shiprock	
For questions, contact the Health Command Operations Center: (928) 871-7014				

What you need to know prior to attending the drive-thru:

Complete testing form and bring it with you to the testing site. This will help decrease wait time.

Stay in your car when you arrive.

A testing team member will collect sample.

Individuals testing ***POSITIVE*** will be notified between 2-3 days of test results

All test results will be shared with the local health facility for contact tracing.

Please answer your phone calls, results will not be left on voicemail or text.

Contact the Coordination Center at **1-844-935-3932** for results and information on Nation Nation COVID-19 isolation and quarantine resources.

****Schedule is Subject Change Due to Weather***

Navajo Nation COVID-19 Test Request Form

If possible, please complete the form prior and submit at the testing location. If not, complete at the testing site. The first page will be shared with the local health facility based on your community of residence.

REPORTER INFORMATION:

Today's Date: _____ Testing Team: _____
 Testing Site Location: _____ Team Contact #: _____

PATIENT INFORMATION:

First Name: _____ Last Name: _____
 Service Unit: _____ Date of Birth: ____/____/____
 Female Male Phone Number: _____
 Alternate Contact for Test Result: _____ Phone #: _____
 Community of Residence: _____
 Address: _____
 Do you require language interpretation? YES NO Preferred Language: _____

Additional Information REQUIRED for testing:

Does the patient work or live in a healthcare or congregate setting? (i.e. Long-term care, shelter, detention center, jail, or group home) YES NO

Facility Name: _____ Facility Contact Name: _____

Employee Occupation: _____ Facility Contact Number: _____

Did the patient work while ill? YES NO

Have you been exposed to anyone with COVID-19 in the last 2 weeks? YES NO

Does the Patient receive dialysis? YES NO

CLINICAL INFORMATION:

Are you experiencing any symptoms? YES (see below) NO

If yes, date of symptom onset: ____/____/____

- | | |
|----------------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Fever or Chills | <input type="checkbox"/> Cough |
| <input type="checkbox"/> Shortness of breath or Difficulty Breathing | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Muscle or body aches |
| <input type="checkbox"/> New loss of taste or smell | <input type="checkbox"/> Nausea or Vomiting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Congestion or runny nose | |