

Date: ____/____/____

SO#: _____

Inmate Name: _____ DOB: _____

COVID-19 INMATE SCREENING

*If **YES** to ANY of the items below:

Notify medical staff immediately and try to isolate inmate in a negative pressure cell.

Step 1: Travel Screen

____ Have you traveled to a COVID-19 Outbreak Country or a U.S. state with community transmission* in the last 14 days?

____ Have you been in contact with anyone who tested positive for COVID-19 in the past 14 days?

Step 2: If **POSITIVE** Travel Screen, complete symptom screen

Does inmate have any of the following?

____ Fever above **100.0 F**?

____ Cough, shortness of breath, or other lower respiratory symptoms? If yes, explain: _____

It is vital to note that ANY "yes" answer to the above constitutes a positive screen

* Covid19 Outbreak Countries as of March 17, 2020:

China	Spain	United Kingdom	Finland
South Korea	Germany	Switzerland	Greece
Japan	France	Norway	Slovenia
Italy	Iran	Iceland	Lithuania
Czech Republic	Austria	Hungary	Latvia
Slovakia	Belgium	Poland	Estonia

Please note this screening form is subject to change based upon new information.