

Coronavirus (COVID-19) Screening Questionnaire

Inmate Name _____ DOB: _____

Booking Date _____ Booking Number: _____

Temperature _____

	QUESTION	YES	NO
1.	Fever greater than 100 degrees		
2.	Cough		
3.	Sore throat		
4.	Runny nose		
5.	Nasal congestion		

If the inmate has a temperature above 100 degrees

OR

Has traveled outside the U.S. in the past 3 months

OR

Has meet anyone who has been diagnosed with COVID-19

1. Place inmate in an isolation cell
2. Provide a face mask for the inmate to wear
3. Instruct inmate to wash hands and avoid touching mouth and nose
4. Contact medical

Facility Staff _____ Date _____