Coronavirus (COVID-19) Screening Questionnaire

Inmate Name____________________________________   DOB: _____________
Booking Date__________________   Booking Number: ________________

Temperature____________

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

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fever greater than 100 degrees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Cough</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Sore throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Runny nose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Nasal congestion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Facility Staff____________________________________     Date____________