

1000 NE 10th St, Oklahoma City, OK 73106 | PHONE 405-271-3912

## **CORONAVIRUS SCREENING**

Inm	ate Name	#	
TR	AVEL HISTORY		
1.	In the past 14 days, have you	u traveled outside of the United States?	YesNo
	WhenWhere		
2.	Does the inmate report a hist	tory of traveling to or from Europe or Asia	YesNo
CO	NTACT HISTORY		
3.	. In the past 14 days, have you had close contact with anyone known to have traveled to Europe or Asia?		Yes No
4.	Do you live in or have you or anyone you've been in contact with beenYesNo in an area with ongoing spread of COVID-19?		
5.	5. Have you or anyone you've been in contact with had laboratory confirmed Coronavirus?  (The incubation period is 2-14 days)  YesYes		
6.	Do you have fever, cough, sh	nortness of breath, or other symptoms of lower	er respiratory illness?
			Yes No
De	etention Staff Signature	Officer #	Date
esc	cort to a reverse isolation cell in	ions 2, 3, 4, 5, or 6 above, immediately place n the medical unit. The nurse is to be notified inmate has been placed in reverse isolation.	
	TEMP:	RESPIRATIONS:	
	BP:	SHORTNESS OF BREATH: Y N	\$7. <b>\$</b> 1
	02Sat:	COUGH: Y N IF YES, PRODUCTIVE:	YN
	ledical Staff Signature		Date