Oklahoma State Department of Health

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

CORONAVIRUS SCREENING

Inmate Name_____ #_____

TRAVEL HISTORY

1. In the past 14 days, have you traveled outside of the United States? ____Yes ____No

   When_____Where_____

2. Does the inmate report a history of traveling to or from Europe or Asia ____Yes _____No

CONTACT 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 been in an area with ongoing spread of COVID-19? ____ Yes ___ No

5. Have you or anyone you've been in contact with had laboratory confirmed Coronavirus? (The incubation period is 2-14 days) ____ Yes ___ No

6. Do you have fever, cough, shortness of breath, or other symptoms of lower respiratory illness?

   ____ Yes ___ No

_____ _____ _____

Detention Staff Signature Officer # Date

If inmate answers "YES" to questions 2, 3, 4, 5, or 6 above, immediately place a mask on him/ her and escort to a reverse isolation cell in the medical unit. The nurse is to be notified and will complete the symptoms check list AFTER the inmate has been placed in reverse isolation.

TEMP:_____ RESPIRATIONS:_____
BP:_____ SHORTNESS OF BREATH: Y N
O2Sat:_____ COUGH: Y N IF YES, PRODUCTIVE: Y N

_____ _____ _____

Medical Staff Signature Staff # Date