

Texas Department of Criminal Justice COVID-19 Health Screening Form

Before any individual enters a TDCJ location, they will have their temperature taken and **if a fever is present**, the screening form must be completed. This health screening form is an important first step to assist staff in maintaining the safety and health of TDCJ employees and offenders.

Clearly **PRINT** information below:

Name: _____ Birthdate (mm / dd): _____

Has the individual:

		Date Range
Traveled internationally in the last 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes when and where?
*Had contact with anyone who tested positive for COVID-19 in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes when?

Does the individual have:

		Result
Fever above 100.4F?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, temperature?
Cough?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If the individual answers yes to fever question, they will be sent home and will be required to submit a physician's note stating they are clear of any symptoms of COVID-19 before being allowed to return to work. If no fever is present but answered yes to cough or shortness of breath, the individual should be aware of potentially developing a fever.

**If the individual answers yes to being in contact with anyone who tested positive for COVID-19, they will be sent home and not allowed to return to work without providing a physician's note stating they are clear of any COVID-19 symptoms. Also, notification will need to be made to the appropriate TDCJ Deputy Director of Operations Monitoring, Richard Langley or Kirstie Legerski.*

Staff completing COVID-19 Health Screening Form:

Supervisor Name: _____

Date: _____

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