



District of Columbia Department of Corrections Coronavirus Screening Form for Employees

As part of its ongoing effort to combat and prevent the spread of the Coronavirus (COVID-19) in DOC facilities, the District of Columbia Department of Corrections (DC DOC) will screen all employees and visitors for the virus prior to their entry into all DOC facilities. This form should be completed for all DOC staff seeking entry into DOC facilities.

Employee's Name:		Employee's Badge Number (if applicable):	
Classification/Job Title:		Date/Time:	
1.	Does the employee admit to having or present with lower respiratory illness (e.g. cough, shortness of breath) or fever?	Yes	No
2.	Has the employee come into close contact with a person diagnosed or under investigation for COVID-19? *	Yes	No
3.	Has the employee recently traveled an area with known local spread of COVID-19 (e.g., China, Iran, South Korea, Italy, or Japan) within the last 30 days?	Yes	No

If the employee answers "yes" questions 1, 2, and 3, immediately provide them with a mask, send them home and refer them to their health care provider. They are not to enter DOC's facilities. Also, the Shift Commander and DOC medical staff must be notified.

If the employee answers "no" to questions 1, 2, and 3, they will be allowed to enter DOC's facilities.

Completed by:

Printed Name: _____ Signature _____ Date/Time: _____

Shift Commander Name: _____ Date/Time: _____

Note:

Close contact is defined as:

- a. being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period of time while not wearing recommended personal protective equipment (i.e. gowns, gloves, respirator, eye protection); or
- b. having direct contact with infectious secretions (e.g. being coughed on) while not wearing recommended personal protective equipment.