



# *Pueblo County Sheriff's Office*

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## CORONAVIRUS SCREENING

Inmate Name \_\_\_\_\_ Name# \_\_\_\_\_

### TRAVEL HISTORY

1. In the past 30 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 30 days, have you had close contact with anyone known to have traveled to Europe or Asia? \_\_\_\_ Yes \_\_\_\_ No

4. Have you or anyone you have been in contact with had laboratory confirmed Coronavirus?  
(The incubation period is 2-14 days) \_\_\_\_ Yes \_\_\_\_ No

5. Do you have fever, cough, shortness of breath, or other symptoms of lower respiratory illness? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Detention Staff Signature

\_\_\_\_\_  
Date

If inmate answers "YES" to questions 2, 3, or 4 above, immediately place a mask on him/her and escort to a cell where he or she can be isolated. Medical is to be notified and will complete the symptom checklist (Below) AFTER the inmate has been placed in isolation. Medical will determine if the inmate will be transported to the hospital for treatment.

TEMP: \_\_\_\_\_

BP: \_\_\_\_\_

O2 SAT: \_\_\_\_\_

RESPIRATIONS: \_\_\_\_\_

SHORTNESS OF BREATH: Y N

COUGH: Y N IF YES, PRODUCTIVE: Y N

\_\_\_\_\_  
Medical Staff Signature

\_\_\_\_\_  
Date