

Texas Department of Criminal Justice

COVID-19 Health Screening Form

April 4, 2020

Before any individual enters a TDCJ location they will have their temperature taken and a fever is present, the screening form must be completed. This screening form is an important first step to assist 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?	Yes	No	If yes when?
*Had close contact with anyone who tested positive for COVID -19 in the last 14 days?	Yes	No	If yes when?

Does the individual have

			Result
Fever above 100°F?	Yes	No	If yes temperature
Cough?	Yes	No	
Shortness of breath?	Yes	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 the clear of COVID-19 symptoms before being allowed to return to work.

Name: _____ Date: _____

CONTACT INFORMATION:

Melissa Kimbrough, Emergency Management Coordinator -Chris Black, Deputy Director Health Services
 936-581-9848 (State Cell) 936-437-4001 (Cell)
melissa.kimbrough@tdcj.texas.gov chris.black@tdcj.texas.gov

Shannon Wood, Manager Employee Services
 936-661-3844 (State Cell)
shannon.wood@tdcj.texas.gov