



Hernando County Sheriff's Office

P.O. BOX 10070 – BROOKSVILLE, FL 34603-0070 FAX 352 796-0493 PHONE 352 754-6830

CORONAVIRUS SCREENING

Inmate Name _____ CIN# _____

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've 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 Payroll # Date

If inmate answers "YES" to questions 2, 3,4 or 5 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: _____
BP: _____
O2Sat: _____

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

Medical Staff Signature Payroll # Date