

# 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 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?
*Had close 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 COVID-19 symptoms 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 close contact with anyone who tested positive for COVID-19, they will be sent home for a period of time, which will be determined by the supervisor. If the employee develops symptoms while off work, it is imperative they contact their supervisor and keep them informed. The employee will be able to return to work by providing a physician's note stating they are clear of any COVID-19 symptoms. If the employee did not develop symptoms while off work, then a physician's note is not required. Notification will need to be made to the Melissa Kimbrough, Office of Emergency Management and Chris Black Edwards, Deputy Director Health Services and Shannon Wood, Employee Services.*

### Staff completing COVID-19 Health Screening Form:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### CONTACT INFORMATION:

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