

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

CORONAVIRUS DISEASE 2019 (COVID-19) SCREENING TOOL

INDIVIDUAL NAME: _____ IDENTIFICATION NUMBER: _____ DATE: _____

1. Assess the Risk of Exposure

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you traveled outside of the United States or South Carolina in the last 14 days except for your daily commute?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had close contact with anyone who has traveled outside of the United States or South Carolina in the last 14 days except for someone who has a daily commute?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had close contact with anyone diagnosed or quarantined with the COVID-19 illness within the last 14 days or anyone who has any symptoms of COVID-19 illness which includes fever/chills, body aches, headache, nasal congestion/runny nose, loss of taste/smell, sore throat, cough, shortness of breath, night sweats, fatigue, nausea, vomiting, or diarrhea?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had close contact with anyone taking care of anyone diagnosed or quarantined with the COVID-19 illness within the last 14 days or anyone taking care of someone who has any symptoms of COVID-19 illness which includes fever/chills, body aches, headache, nasal congestion/runny nose, loss of taste/smell, sore throat, cough, shortness of breath, night sweats, fatigue, nausea, vomiting, or diarrhea?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you feel as you though you have any symptoms in the last 7 days that include fever/chills, body aches, headache, nasal congestion/runny nose, loss of taste/smell, sore throat, cough, shortness of breath, night sweats, fatigue, nausea, vomiting, or diarrhea?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a temperature greater than 100.4 F
	Current temperature: _____

If the answer to ALL the above risk of exposure/illness questions is NO, then STOP here. It is YOUR responsibility to immediately notify your supervisor/designee if the answers to any of the above questions change. FRONT DESK/Front ENTRY PERSONNEL DIRECTIVE: If the answer to ANY of the above risk of exposure/illness questions is YES, please turn the individual away and email all positive forms to the email address "EmployeeScreeningM216@doc.sc.gov". Additionally, please scan and email all positive forms for employees separately from vendor/volunteer/visitor forms to the email address. EMPLOYEE DIRECTIVE: If the employee is turned away by Front Desk/Front Entry Personnel, the employee is to dial the COVID-19 Call Team Member number: 803-896-0323 for further information.

2. Travel History or Extra Information

Geographic Location Visited _____ Dates of Visit (Beginning Date => Ending Date) _____

3. SCDC Staff Performing Screening:

By signing below, you swear or affirm that the information you have provided on this form is truthful and accurate. Failure to provide accurate information could result in corrective action for an SCDC employee up to and including termination, pursuant to SCDC Policy ADM-11.04.

4. Signature:

5. Disposition of Individual: ☐ Denied Entry ☐ Allowed Entry