

TPU/PCF Jax
Prisoner COVID-19 Screening Questionnaire

Prisoner Name: _____ **Date of Questionnaire:** _____

Escort Name: _____ **Prisoner's Command:** _____

Brig Duty Officer Name: _____

1. Have you had any of the following symptoms that were NOT previously documented during your confinement physical? **YES NO**

- a. Fever
- b. Cough (not due to allergies)
- c. Sore Throat
- d. Shortness of Breath
- e. Loss of smell or taste

2. TEMPERATURE CHECK:

_____ 1st Temperature Check _____ 2nd Temperature Check _____ 3rd Temperature Check

*****If prisoner is experiencing any symptom(s) above AND these symptom(s) were not evaluated during their confinement physical OR the prisoner has a temperature **100°F or over** on any of their three (3) temperature checks, they are directed to return to the same medical facility the initial confinement physical was completed to be re-evaluated. The escorts must return with a new confinement order with an updated signature from medical indicating the prisoner was re-evaluated for the symptom(s) they mentioned above.**