



The District of Columbia Department of Corrections Coronavirus Screening Form for Visitors

As part of its ongoing effort to combat and prevent the spread of the Coronavirus (COVID-19) in DOC facilities, the District of Columbia Department of Corrections (DC DOC) will screen all employees and visitors for the virus prior to their entry into all DOC facilities. This form should be completed for all visitors (e.g. family member, attorneys, volunteers and contractors) seeking entry into DOC facilities.

Visitor's Name:	Visitor's Company/Organization (if applicable):		
Visiting Inmate's Name and DCDC No.:	Date/Time:		
1.	Does the visitor admit to having or present with lower respiratory illness (e.g. cough, shortness of breath) or fever?	Yes	No
2.	Has the visitor come into close contact with a person diagnosed with or being evaluated for COVID-19? *	Yes	No
3.	Has the visitor recently traveled to an area with known local spread of COVID-19 (e.g., China, Iran, South Korea, Italy, or Japan) within the last 30 days?	Yes	No

If the visitor answers "yes" to questions 1, 2 or 3, they will not be allowed to enter DOC's facilities. Also, the Shift Commander and DOC medical staff must be notified.

If the visitor answers "no" to questions 1, 2, and 3, they will be allowed to enter DOC's facilities.

Completed by:

Printed Name: _____ Signature _____ Date/Time: _____

Officer: _____ Signature _____ Date/Time: _____

Shift Commander Name: _____ Date/Time: _____

* Close contact is defined as:

- a. being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period of time while not wearing recommended personal protective equipment (i.e. gowns, gloves, respirator, eye protection); or
- b. having direct contact with infectious secretions (e.g. being coughed on) while not wearing recommended personal protective equipment.