Virginia Department of Corrections
Offender Intake and Transfer Screening Questionnaire

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees, offenders, volunteers, visitors and families we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you. Prior to entry into a Virginia Department of Corrections Facility, all Jail Intake Offenders and Offender Transfers must complete this questionnaire.

Name:	**Offender Number:**
Date of Birth:	**Date of Transfer:**
Receiving Facility Name:	**Receiving Facility Phone:**
Transferring Facility Name:	**Transferring Facility Phone:**

If the answer is "yes" to any of the following questions, transfer into this VADOC facility may be denied.

SELF-DECLARATION BY OFFENDER			
1.	Have you had close contact with someone diagnosed with COVID-19 within the last 14 days?	☐ Yes	☐ No
2.	Have you experienced any of the following symptoms in the last 14 days:		
	Fever or sense of fever	☐ Yes	☐ No
	Cough	☐ Yes	☐ No
	Sore Throat	☐ Yes	☐ No
	Shortness of breath or Difficulty breathing	☐ Yes	☐ No
	Chills or Repeated shaking with chills	☐ Yes	☐ No
	Muscle pain	☐ Yes	☐ No
	Headache	☐ Yes	☐ No
	New loss of taste or smell	☐ Yes	☐ No
	Nausea or Vomiting	☐ Yes	☐ No
	Diarrhea	☐ Yes	☐ No
	Abdominal pain	☐ Yes	☐ No
	If you have any of the above mentioned symptoms, what is the onset date of first symptoms: ______________________________		

Signature / DOC #:____ Date: ___________________

Staff Witness: ____ Date:___________________

Note: If at any time, your responses change, please notify staff immediately

Access to facility (circle one): Approved Denied