

## COVID-19 Screening Form for Police Transfers of Prisoners

**Ministry of Corrections and Policing  
Ministry of Justice and Attorney General**

Date Form completed: (MMM/DD/YYYY)

PLEASE PRINT LEGIBLY IN INK

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Police/Law Enforcement Agency Turning Over Prisoner:

Police Agency	Detachment	Officers(s) Name	Badge/Regimental Number

Prisoner/Inmate Information:

Family Name	Given Name(s)	Date of Birth	FPS # (if available)

**Is the prisoner presenting with: (Circle all that apply)**

Yes No	New onset of cough (or exacerbation of chronic cough)?	Date of Symptoms Onset: (MMM/DD/YYYY)
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**Add additional comments regarding prisoners pre-existing conditions / known health history:**  
(e.g., asthma, allergies)

Yes No	Fever?	Date of Symptoms Onset: (MMM/DD/YYYY)
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**In the 14 days before onset of illness, has the prisoner:**

Yes No	Travelled outside of Canada, including the United States?  If Yes, to where? _____	Date of Departure: (MMM/DD/YYYY)  Date of Return: (MMM/DD/YYYY)
Yes No	Had close contact with a confirmed case or case under investigation of COVID-19 If Yes, Name of person: _____	Date of Contact: (MMM/DD/YYYY)
Yes No	Had close contact with a person with acute respiratory illness who has traveled within 14 days prior to their illness onset?	Date of Contact: (MMM/DD/YYYY)
Yes No	Attended any large gathering, conference, meeting or ceremony?	Date of Event: (MMM/DD/YYYY)

**IF YES** to any one of the questions in A or B then person meets the definition of a person under investigation of possible COVID-19 exposure:

- Place prisoner in a single cell or room
- Notify facility management and medical services
- Contact Public Health through 811 System

**IF NO:**

Prisoner can be placed into normal processing.