

Bay County Juvenile Home COVID-19 Intake Questionnaire

Youth's Name: _____ Date: _____

1. Does youth have or had a temperature >100.4 within the last 14 days?
2. Does youth have and/or complained of persistent cough, shortness of breath, loss of taste/smell and/or sore throat within last 14 days?
3. Has youth been quarantined or recommended to self-isolate by a physician for any length of time? If so, why and how long?
4. Has youth traveled out side of the country or state within the last 30 days?
5. Has youth been tested or been in contact with anyone suspected or confirmed to have Corona Virus Disease (COVID-19)?

All youth will have temperature taken upon arrival. If there is fever of 99.5 or higher the youth will need to leave with the transporter. If youth is observed displaying symptoms consistent with COVID-19 the youth will need to leave with the transporter.

Signature of person completing this form: _____

Date: _____

COVID-19 is highly contagious, please do your due diligence in investigating the answers to this questionnaire. As it is unknown how this virus will spread the referring agency will need to have a contingency plan in the event the BCJH will need to reduce the census due to low staffing levels or other effects related to COVID-19.