

COUNTY JAIL/DETENTION CENTER INTAKES

Offender Name: _____ IDOC#: _____
(last, first)

Date COVID-19 Test Administered: _____
(Must be administered 72 hours in advance of transfer)

COVID-19 Test Results received on: _____ Positive Negative Inconclusive
(Date)

(Test results must be from a confirmatory PCR test - Rapid test shall not be utilized. Offenders with positive or inconclusive results shall not be transferred to IDOC.)

TCO Notified by 3:00 p.m. prior to date of transfer by: _____
(County Representative Name)

DOC 0521, Custodial Transfer Summary Completed?

(Written proof of temperature check by trained healthcare provider on day of transfer must be documented under the medical document section for additional medical documents provided)

No Yes **If Yes, Date Completed:** _____

Offender has been quarantined for _____ days prior to transfer.

Offender received 1st Dose of Vaccine on _____ Vaccine Brand _____

Offender received 2nd Dose of Vaccine on _____ Vaccine Brand _____

Offender refused Vaccine on _____

Form Completed By: _____ **Date:** _____