



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



## MEMORANDUM **CONFIDENTIAL**

Date: \_\_\_\_\_

**To:** Local Communicable Disease Controller or Designee: \_\_\_\_\_  
Local Health Jurisdiction: \_\_\_\_\_  
Fax # or Email: \_\_\_\_\_

**From:** Public Health Nurse or Designee: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

**Subject: Inmate Release: COVID-19 Status and Test Results  
Notification for Local Health Department and Parole/Probation**

**Section 1:** Identifying information for the person:

Name (Last, First): \_\_\_\_\_

Date of Birth (xx/xx/xxxx): \_\_\_\_\_

CDCR #: \_\_\_\_\_

Address and phone # upon release (e.g., personal home, shelter, substance abuse facility):

Name of Facility (if applicable): \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Is the person going to a congregate setting?  Yes or  No (check one)

When applicable, contact info for parole or probation officer (name and phone #):

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Additional contact information:

Institution: \_\_\_\_\_

Chief Medical Executive of Designee Name: \_\_\_\_\_

Phone: \_\_\_\_\_

# MEMORANDUM

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**Section 2:** The person will be (check one)  Transferred  
 Paroled  
 Released to post-release community (PRCS)

to your local health jurisdiction on \_\_\_\_\_ (date).

## **Check applicable boxes in Section 3, 4, and 5. See Section 6 for COVID-19 test results**

**Section 3:** The person is actively in (check one: Isolation, Quarantine, or N/A)

Isolation and is a  Suspect case of COVID-19.  
 Confirmed case of COVID-19.

- Date of symptom onset was \_\_\_\_\_ (date).
- Symptoms (consult with a healthcare clinician):  
 **Have** improved as of \_\_\_\_\_ (date).  
 Have **not** improved
- Fever?  Resolved w/out antipyretics on \_\_\_\_\_ (date).  
 Still has fever

Quarantine as a contact to a confirmed case of COVID-19.

- Date quarantine began \_\_\_\_\_ (date) and date will end on \_\_\_\_\_ (date).

N/A go to Section 4

## **Section 4 (check one):**

Resolved COVID-19 case, see Section 6 for COVID-19 test results.

- Released from isolation on \_\_\_\_\_ (date).

N/A go to Section 5

## **Section 5 (check one):**

No COVID-19 restrictions, see Section 6 for COVID-19 test results

N/A go to Section 6

## **Section 6 COVID Tests Results:**

Initial COVID-19 test date: \_\_\_\_\_ (date)

Negative  Positive  Pending  Indeterminate  Refused

Most recent COVID-19 test date: \_\_\_\_\_ (date)

Negative  Positive  Pending  Indeterminate  Refused