



NH DEPARTMENT OF CORRECTIONS – COVID-19 SELF SCREENING REQUIRED FOR ACCESS TO FACILITIES TO BE PHYSICALLY PRESENT IN AN ADULT PAROLE BOARD HEARING

To: All Accessing NH Prison Facilities for Adult Parole Board Hearings.
From: Helen E. Hanks, Commissioner
Effective Date: December 29, 2021

1. If you have been instructed/advised to isolate or quarantine due to a COVID-19 positive test result or exposure, you are not permitted into our facility until cleared from isolation by a healthcare provider.

Do not proceed with this form if you fit the intent of question #1

2. Do you have a Fever? : [] YES [] NO Temperature: _____

If the temperature is 100.4°F or greater, do not continue this form. Please notify Adult Parole Board and seek medical advice. Your access to our facilities will not be granted.

3. Have you any of the following, within the past 5 days, that are of an unknown origin (examples of known origin might include: allergies, heavy work out):

Table with 9 columns: Symptom, YES, NO, Symptom, YES, NO, Symptom, YES, NO. Rows include Chills, Cough, Shortness of breath, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea, and Per CDC Update January 2022.

If you answer yes in question 3 to more than two symptoms, and you have not self-tested or been tested for COVID-19 with a negative result, please consult your healthcare provider before entering our facility. We appreciate your participation in preventing COVID-19 within our congregate correctional settings.

4. In the past 5 days and you are not up to date on receiving all recommended COVID-19 vaccine doses including booster doses:
a. Have you had close contact with any person known or suspected to have COVID-19? [] YES [] NO

*Close contact" is defined as

- being within six feet of someone who has COVID-19 for a total of 15 minutes of more;
• providing care at home to someone who is sick with COVID-19;
• having direct physical contact with someone who is sick with COVID-19 such as hugging or kissing;
• sharing eating or drinking utensils such as cups, plates, or forks; or
• getting respiratory droplets on you by someone sneezing or coughing.

If you answer "yes" to question 4, do not continue this form. Please notify the Adult Parole Board. Your access to the facility will not be granted.

Name Print Signature Date

Adult Parole Board Staff or Victim Services Staff Signature Date