

**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:** \_\_\_\_\_