Georgia Department of Corrections COVID-19 Pre-Release Education and Attestation

1. I understand that I am being released from the custody of the Georgia Department of Corrections during the COVID-19 pandemic.

2. I understand the signs and symptoms range from mild symptoms to severe illness and death for confirmed COVID-19 cases.
    - The following symptoms may appear 2-14 days after exposure, per the Centers for Disease Control:
        - Fever
        - Cough
        - Shortness of breath
        - Loss of Taste and Smell

3. I have been advised by the Georgia Department of Corrections to seek professional medical advice up-to and including Dial 911, if I develop COVID-19 symptoms.

4. I have been advised by the Georgia Department of Corrections to practice good hygiene to prevent the spread of COVID-19.
    - Wear a mask when around others
    - Wash hands, especially after touching any frequently used item or surface.
    - Avoid touching my face.
    - Cough or sneeze into a tissue, or the inside of my elbow.
    - Disinfect frequently used items and surfaces as much as possible.

    Note: If you experience symptoms related to COVID - 19 following your release, please seek immediate medical attention.

Special Release Instruction

Check if Applicable

☐ Quarantine - I have been advised by the Georgia Department of Corrections that I am currently being medically quarantined for COVID-19. The period of quarantine began on ____/_____/_____ and will end ____/_____/_____ (10 days). I have been advised to have a COVID-19 PCR test 5 days after exposure, which is ___/___/___. I agree that upon my release I will self-quarantine until the end date. I have been instructed to wear a mask, wash my hands frequently, social distance from all others by staying at least 6 feet away from others, and to follow these guidelines. If I experience symptoms related to COVID-19 following my release, I have been instructed to seek medical attention.

☐ Medical Isolation - I have been advised by the Georgia Department of Corrections that I am currently in medical isolation which began ____/_____/_____and have tested positive or are awaiting results for a COVID-19 test. I understand that I am being released, and that I must continue to medically isolate after my release, as well as wear a mask, wash my hands frequently, social distance from all others by staying at least six feet away from others, and follow these guidelines. I also understand that the Georgia Department of Corrections has notified the Department of Public Health's District Health office for the county to which I am being released, _____ (county name), for COVID-19 contact tracing.

Record Retention: Upon completion, this form shall be retained in the offender's medical record and a copy will be given to the offender.

Medical Isolation can end after several conditions have been met. The decision to end isolation is different based on whether or not you have symptoms of COVID-19 or are immunocompromised. The strategy for deciding to end isolation is based on symptoms, time, or testing.

1) If you tested Positive for COVID-19, (with or without symptoms) **and** whether you are fully vaccinated or not vaccinated, you are directed to Medically Isolate at home. You can end isolation IF:

- At least 5 days have passed from the test date (or since symptoms first appeared) and
- At least 24 hours have passed since last fever without the use of fever-reducing medications (such as Tylenol) and
- Symptoms (e.g., cough, shortness of breath) have improved
- You MUST continue to wear a mask for 5 more days, when around others

2) If you have been **fully vaccinated** and have **NOT had Symptoms** of COVID-19 and were **exposed** to anyone that had COVID-19 positive test result (or symptoms of COVID-19)

- You are not required to 'quarantine' but should wear a mask for at least 10 days when around others
- You should have a **COVID-19 test on Day 5** after the exposure
- If you develop symptoms, you should get a COVID-19 test AND medically isolate for 5 days AND wear a mask for 5 more days, when around others

3) If you were **exposed** to anyone that had COVID-19 positive test result (or symptoms of COVID-19) but have **no symptoms** -You should 'quarantine' for 10 days **IF** you:

- are unvaccinated or are not fully vaccinated
- have not received a 'booster' dose or more than 6 months after receiving the 2nd dose of *Moderna* or *Pfizer* vaccine or more than 2 months after the *Johnson & Johnson* vaccine

You should wear a mask for at least 10 days when around others AND have a **COVID-19 test on Day 5** after the exposure.

If you develop symptoms, you should get a COVID-19 test AND medically isolate for 5 days AND wear a mask for 5 more days, when around others

COVID-19 Vaccination:

- I consented and received the ***Moderna* or *Pfizer*** vaccine on _____(date). I must receive the 2nd dose of the ***Moderna* or *Pfizer*** vaccine within 28 days (+/- 2days) which will be _____. I can make an appointment at my county health department to receive the 2nd dose between these dates.
- I consented and received the ***Jansen*** vaccine on _____(date). This vaccine does not require a 2nd dose.
- The CDC also recommends a 3rd dose vaccination (***Pfizer and Moderna***) for certain conditions. (8/20/21). I consented and received the 3rd dose on _____(date)

I understand that I am being released, and that after my release, I must wear a mask, wash my hands frequently, social distance from all others by staying at least six feet away from others, and follow these guidelines. I also understand that the Georgia Department of Corrections has notified the Department of Public Health's District Health office for the county to which I am being released, _____ (county name).

Record Retention: Upon completion, this form shall be retained in the offender's medical record and a copy will be given to the offender.

Offender Printed Name: _____ Offender GDC #_____

Offender Signature: _____ Date of Signature: _____

GDC Witness Printed Name: _____

GDC Witness Signature: _____ Date of Signature: _____

VACCINATION CARD REPLACEMENT:

I understand that I will be given my "COVID Vaccination Card". If I received all vaccinations in Georgia, and If this card is not available at my release, I can obtain a copy of the card by visiting a local Health Department. The Health Department will be able to confirm and retrieve your information from GRITS (the Georgia Immunization Registry)

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