

Failed Health Screening

Refused Screening

COVID-19 FORM

You are required to fill out this form to enter the courthouse and have your temperature taken. Should you leave the courthouse, you will be required to submit to these requirements again before re-entering.

- Do you have any of the following symptoms (excluding those due to a known medical reason):**

_____ **YES** _____ **NO**

- Cough
- Shortness of breath or difficulty breathing
- Fever or Chills
- Fatigue
- Muscle or body aches
- Headache
- Sore throat
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

- Are you currently awaiting the results of a test to determine if you have COVID-19 based on symptoms or suspected exposure?**

_____ **YES** _____ **NO**

- Are you under instructions to self-isolate or quarantine due to COVID-19?**

_____ **YES** _____ **NO**

- Within the past 14 days, have you had close contact with someone with a COVID-19 diagnosis or who is awaiting test results for COVID-19 based on symptoms or suspected exposure? (Note: Close contact is defined as contact that is less than 6 feet for 15 minutes or more, irrespective of whether a cloth face covering or respiratory PPE was worn)**

_____ **YES** _____ **NO**

- Temperature Reading (Must be below 100.4 °F):** _____

Date: ____/____/____ DOB: ____/____/____ (Law Enforcement is Exempt)

Name: _____ Signature: _____

E-Mail: _____ Phone#: _____

Case No: _____ Judge: _____

____ Court ____ SAO ____ PD ____ Clerk

JUROR - Juror #: _____