

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
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell

- **Are you currently awaiting the results of a test to determine if you have COVID-19?**
_____ **YES** _____ **NO**

- **Are you under instructions to self-isolate or quarantine due to COVID-19?**
_____ **YES** _____ **NO**

- **Have you had close contact with someone with a COVID-19 diagnosis or who is awaiting test results for COVID-19 within the last 30 days?**
_____ **YES** _____ **NO**

- **Have you travelled to an area with notably high concentration of COVID-19 cases within the last 30 days?**
_____ **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 #: _____